

CLIENTS' AND PRACTITIONERS' PERCEPTIONS OF
INTERMEDIATE TREATMENT

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DECLARATION

This thesis is my own work and no part of it has been submitted for a degree at this or any other University.

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Abstract

This study explored both clients' and practitioners' views of Intermediate Treatment. Eight Intermediate Treatment projects in the South of Scotland were selected for the study. A sample of 102 clients and 40 members of staff were recruited for the study. Eighty three of the sample of clients were interviewed twice, first when they commenced Intermediate Treatment and after three months had elapsed. The study involved an examination of how both clients and practitioners viewed the aims and functions of Intermediate Treatment. Aspects and emphases of Intermediate Treatment which were relevant from a clients' point of view were explored. The impact of the eight Intermediate Treatment projects on the clients was assessed.

It was hoped that the theoretical propositions drawn from various theorists on 'mutuality of goals and expectations' between clients and practitioners would provide a theoretical framework for the understanding of the effectiveness of Intermediate Treatment.

The study demonstrated that clients and practitioners had an incongruent conception of the functions of Intermediate Treatment. Clients tended to see Intermediate Treatment as a 'diversion' to reducing delinquency, while practitioners stressed the 'treatment' function of Intermediate Treatment.

The study found no difference in clients' outcome in terms of how congruent their views were with their practitioners' in relation to Intermediate Treatment emphases. There was little variation in the amount of impact the eight Intermediate Treatment projects had on their clients' outcome. Findings of the study support the theoretical proposition that clients who saw the relevance of Intermediate Treatment will have a more positive response than those clients who did not. This theoretical proposition was further supported by two significant findings of the study:

First, clients who had a 'working contract' had more positive responses than those clients who had not formed a 'working contract'. Second, those clients with a 'working contract' also saw more relevance in Intermediate Treatment than those clients without a 'working contract'. The study suggests that forming a 'working contract' with clients is an important goal setting process to adopt in relation to the effectiveness of Intermediate Treatment.

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CHAPTER ONE

INTRODUCTION TO THE STUDY

Introduction

Intermediate Treatment was seen as a relatively new development in Scotland at the start of the present study. Since then, there have been substantial changes in both its' concept and its' practice. To date, there has not been a clear and precise definition as to what Intermediate Treatment should be. It has been seen by many as a concept of Social Work intervention with children 'in trouble' or 'at risk' of getting into trouble. In practice it is a wide variety of evolving programmes and methods which may be used to work with young people. Intermediate Treatment has also been described and seen as a new form of intervention with juvenile offenders. For instance, in the 1968 White Paper (Children in Trouble) Intermediate Treatment was described as

"New forms of treatment, intermediate between Supervision in the home and Committal to care." (HMSO 1968)

However one can suggest that the concept of Intermediate Treatment has its origin as far back as 1927, when the-Moloney Committee stated that

" ... in the developing and strengthening of educational measures, greater hope lay in reducing juvenile offences than could be derived from any improvement in curative measures ..."(HMSO 1927)

In the past, various penal agencies have carried out Intermediate Treatment in the guise of their activities such as adventure training, youth club activities, hobbies group etc. So what is new about Intermediate Treatment as a form of treatment for young offenders or children in trouble? Before we go into the details of the various definitions and meanings of Intermediate Treatment we will begin by considering some of the historical and legislative background, pointing to some of the major factors which have stimulated the revival of the philosophy behind Intermediate Treatment

In our recent thinking. Secondly, we will examine some of the crucial differences in the English and Scottish legislation on Intermediate Treatment which have influenced the development of this new provision to some extent. Finally we will present the main objectives of the present study.

Intermediate Treatment And Delinquency:

The Historical And Legislative Background Of Intermediate Treatment

A number of factors were responsible for the introduction of the concept of Intermediate Treatment and an understanding of these factors is crucial to an understanding of the basic philosophy behind Intermediate Treatment.

During the sixties there was a growing concern that some of the methods of rehabilitation offered to juvenile offenders such as approved schools, detention centres and borstals were not effective (Tutt 1974). Research has also suggested that the experience offered by residential treatment can be determined for some adolescents (Gill 1975). The effectiveness of widespread practice of supervision to meet the needs of clients adequately has also been challenged by research findings in the sixties. The Home Office research study "Probation in their Social Environment" (Davies 1969) examined the factors associated with reconviction and demonstrated the inadequacy of traditional methods of probation supervision based on the case-work approach. Further, the study showed that traditional methods of supervision were inappropriate in cases associated with severe environmental problems or serious limitations of personality. There was an urgent cry for an alternative approach to the problem of juvenile delinquency. Meanwhile various theories of delinquency from the field of criminology, social psychology and social work suggested that the root causes of the problem are within the child's environment, and emphasis began to be placed on

preventive work with pre-delinquent children. (Intermediate Treatment was initially seen to be able to fulfil this preventive role.) We will look in turn at some of the theories underlying the basic concerns of Intermediate Treatment.

Subcultural theorists in criminology see much delinquency as a response to social pressures. The work of Cohen is reflected in the many references to status and self-esteem (Cohen 1955). Cohen suggests that children who have failed in socially acceptable fields such as education and employment, experience an unacceptable loss of status. In the delinquent subculture, the criteria of status are redefined in such a way that status can be achieved by means which are exactly opposite to those of the respectable status system and delinquency might be one of the possible outcomes. Other theorists (Cloward & Ohlin 1961; Doves 1966) have made use of the concept of status frustration to explain anti-social behaviour. Following the subcultural theories, one of the possible ways to reduce delinquency is to provide an alternative source of excitement, fun and desired status, whereby delinquents can achieve success without indulging in anti-social behaviour.

Labelling theorists suggest that delinquent behaviour is not necessarily deviant. However by over-reacting to this behaviour we may actually reinforce the offenders' deviant identity and increase the likelihood of his reoffending. Therefore labelling a child who has offended as deviant, thus ostracizing him from his family, friends and the community, can lead to deviance amplification, where further delinquency is encouraged (Lemert 1972). In order to prevent this process, an alternative to institutional care should be introduced as a more comprehensive service to young offenders in the community.

Following closely on the idea of the labelling theorists is the view, that youngsters "drift" into delinquency unless they can be offered adventurous alternative activities (Matza 1964). Matza insists that:

"Delinquency is a status and delinquents are incumbents who intermittently act out a role ... " (Matza 1964)

and that they commit offences in their search for excitement and fun.

They also rationalise their delinquent behaviour by "techniques of neutralisation" (Sykes & Matza 1957) so that when "we ask delinquents why they act as they do ... they frequently say that it was because of being pushed around" (Matza 1964). One way of getting through to the youngsters is by breaking down the barriers that exist between them and those in authority - for example, police; social workers; teachers etc. one of the assumptions behind this theory is that delinquency can be reduced by offering new opportunities and facilities to redirect the energies of young people into creative and socially acceptable pursuits. Further, through some sort of shared activities between youngsters and those in authority, trusting relationships and understanding are developed which will meet the youngsters' needs and effect the "cure".

From a social psychological stand point, delinquency is often seen as a result of both social and material deprivation. Researchers have suggested that delinquents frequently come from deprived and disadvantaged environments, and that some adolescents get into trouble because they are deprived of affection; parental supervision and healthy relationships (Rushforth 1978). The assumption behind the deprivation model is that deprivations can be overcome by enriching the deprived adolescent's environment by offering new activities, leisure pursuits and opportunities to establish healthy relationships with other children and adults.

Finally, complementary to the above theories of delinquency, is the community care concept and the group-work and family orientated emphasis in the field of social work practice which have given rise to different responses by the agencies which deal with young people. For instance, there has been a major recognition in the area of social work

practice which have given rise to difficult responses to the agencies which deal with young people. For instance, there has been a major recognition in the area of social work practice that placing children on supervision with a one-to-one casework and counselling approach is often ineffective since the causes of their client's problems are often seen to be within their social environment. Therefore, apart from the individual client himself, concern should be directed to the impact of his family, his school, his neighbourhood or the wider social environment where he is contained.

Such changes in our ideas concerning delinquency as those emphasising community treatment, the link between social deprivation and delinquency and the dangers of the process of labelling, have reinforced our perception of the need to cope with the problem of the delinquent child within his own environment. One of the major steps forward in the attempt to deal with the problems of deprivation in childhood and its effects in Britain was seen to arise from the 1948 Children's Act, by which the Children's Departments were established whereby local authorities were given the responsibility of providing alternative care for children:

" ... who had the misfortune to be deprived of a normal home life." (HMSO 1948)

Further advances in thinking were made in the sixties where the need for preventive work with young people in the community was echoed in three major Acts of Parliament and three White Papers. These documents are seen to be partly responsible for the legislation of Intermediate Treatment.

In 1960 the Ingleby Committee (Report of the Committee on Children and Young Persons HMSO 1960) reported on Social Services for children and emphasised the need for preventive work with the families of deprived and/or delinquent children, with the aim of reducing the need for residential care.

This emphasis on a community orientated concept in dealing with juvenile offenders was also reflected in the 1962 White Paper "Non-residential Treatment of Offenders Under 21" (HMSO 1962). This White Paper laid specific stress on the importance of peer-work in dealing with young offenders and it also pointed to the advantages of non-segregated community-based intervention for young people.

In 1963 a further Act of Parliament was passed (following the Ingleby Committee Report (HMSO 1963) which gave the local authorities in England and Wales the duty of providing advice, guidance and assistance to promote the welfare of children and to reduce the need for court appearance or residential care. The Act states:

"It shall be the duty of every local authority to make available such advice, guidance and assistance as may promote the welfare of children by diminishing the need to receive children into or keep them in care .."
(Mays, 1975)

However, despite the explicit duty given to Social Service Departments by the Act to carry out preventive work with children, the traditional casework approach remained the dominant mode of practice amongst the social workers and their agencies.

A further White Paper in 1965 "The Child, the Family and the Young Offender" maintained a similar perspective to that of the 1962 White Paper which emphasised the peer-group approach and a family orientated social work service to combat delinquency. The major recommendation of this White Paper was a system of family councils to replace the existing juvenile courts. The basic recommendation was to spare the child who had committed an offence from the possible stigmatising effect of the court process. In addition it was intended to provide more flexibility in developing a treatment measure appropriate for the child's needs. These proposals were implemented in Scotland as part of the Social Work Scotland Act 1968.

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In England and Wales, following feedback on the 1965 White Paper, another revised White Paper "Children in Trouble" was published in 1968. This has been seen as a major step forward in the juvenile justice system in Britain, as it moves nearer to what can broadly be called a "Treatment Model" (May 1975) or a "Welfare Model" (in the United States), since it attempts to remove the distinction between the "delinquent" and "the child in need of help". The report states that:

"It has become increasingly clear that social control of harmful behaviour by the young and social measures to help and protect the young are not distinct and separate processes ..." (HMSO 1968)

The 1968 White Paper also endorsed a treatment or caring philosophy, which was reflected in its emphasis on assessment of the needs of the child, diagnosis and treatment. Delinquency was viewed as possibly symptomatic of underlying disorders and the offence per se was not to be the ground for intervention. This position has been institutionalised in the "Children and Young Persons Act" 1969 (HMSO 1969, which no longer recognises the commission of a criminal offence as a sufficient cause for bringing a juvenile before a court.

It was the 1968 White Paper "Children in Trouble" which first described Intermediate Treatment as "Intermediate between Supervision in the Home and Committal to care". (Paragraph 21) The thinking behind the plans for Intermediate Treatment is illustrated in paragraph 6 of the White Paper which states:

"Variety and flexibility in the measures that can be taken are ... important, if society is to deal effectively and appropriately with (the) ... manifold aspects of delinquency. These measures include supervision and support of the child in the family; the further development of the services working in the community; and a variety of facilities for short term and long term care, treatment and control including some which are highly specialised." (HMSO 1968)

The intention behind the legislation of Intermediate Treatment was that adolescents should be treated as members of their community, with others of their own age group. Although Intermediate Treatment in the 1969 Act relates exclusively to children under supervision, the 1968 White Paper on which the Act is based envisaged that Intermediate Treatment would usually be provided on a voluntary basis, and that Intermediate Treatment requirement would only be obtained in cases where the supervisor felt compulsion was necessary. Hence the 1968 White Paper saw Intermediate Treatment as having a preventive role for bridging the gap which existed between provisions which involved complete removal from home and those which did not. In addition Intermediate Treatment was also seen as an extra disposition available to the magistrates, which would allow the child to remain in the community while coming into contact with a different environment. It was the subsequent legislation, the "Children and Young Persons Act 1969" which provided a statutory framework for Intermediate Treatment, whereby the juvenile courts were given power to include Intermediate Treatment in the supervision order.

The Development Of Intermediate Treatment In Britain

The development and the direction of Intermediate Treatment in Scotland has been seen to be rather different from that of England and Wales. The main reason for this is believed by many to be the differences in the English and Scottish legislation regarding the framing of Intermediate Treatment. One of the major differences is that the 1969 "Children and Young Persons Act" has provided much of the legal framework for the development of Intermediate Treatment in England and Wales. The 1969 Act has extended the power of the magistrate in the juvenile court to include in the supervision order a requirement that the child or young person found in need of care or control should comply with the directions given to him

by his supervisors. Further, the Act has also recognised the necessity to identify appropriate residential and community based facilities to which children might be sent. Section 19 of the Act requires that the Children Regional Planning Committees should draw up lists of all facilities which might appropriately be used for this purpose.

The 1982 Criminal Justice Act in England and Wales has allowed juvenile court magistrates to determine the nature of the programme of Intermediate Treatment to be offered, referred to as "specified activity orders."

In Scotland, there has not been the same precise legal framework as in the English legislation concerning the framing of Intermediate Treatment requirements by juvenile courts. In addition the creation of the Children Regional Planning Committees does not apply to Scotland. In Scotland it is the "Social Work (Scotland) Act 1968" which provided much of Scotland's present legislation in relation to young offenders.

Although the development of Intermediate Treatment in Scotland is permitted through the "Social Work (Scotland) Act, it makes no specific mention of the term nor does it place any legal requirements on local authorities to develop Intermediate Treatment provisions as does the "Children and Young Persons Act 1969" which applies to England and Wales.

In Scotland, Intermediate Treatment has been developed under Section 12 of the "Social Work Act 1968" which states:

"It shall be the duty of every local authority to provide social welfare by making available advice, guidance and assistance on such a scale as may be appropriate for the area by serving, arranging for the provision of such residential and other establishments as they may consider suitable and adequate ... " (HMSO 1968)

Thus the Scottish Social Work Departments are allowed greater freedom to provide Intermediate Treatment facilities. Accordingly the development of Intermediate Treatment in Scotland has depended upon individual local initiatives, financially aided and encouraged by Central Government, in

many cases through the Scottish Social Work Services Group.

At its inception, Intermediate Treatment in both Scotland and England and Wales was fairly unstructured with little boundary between Intermediate Treatment as a disposal facility for the courts and the general preventive approach for young people. During the 1970's Intermediate Treatment became increasingly recognised as an important area of work with children in trouble and Intermediate Treatment developed rapidly.

By the late 1970's Intermediate Treatment practice in England and Wales began to give priority to developing more intensive Intermediate Treatment schemes. This emphasis stemmed from the growing lack of confidence which some juvenile courts felt concerning supervision orders. Intermediate Treatment in England and Wales thus became more focussed on providing "alternatives to custody." The emphasis shifted away from a Social Work approach to young people's problems, towards more intensive forms of programmes designed primarily as a disposal for the Juvenile courts. A large proportion of the English Intermediate Treatment placed a great deal of emphasis on creating mechanisms to ensure that Intermediate Treatment was used only as a direct alternative to care or custody, rather than as a more general measure of community support to young people. In general, Intermediate Treatment resources in England and Wales have been increasingly focussed on those young people most in danger of being removed from home. As a result of this development, many English Authorities have succeeded in reducing the numbers of children committed to residential care and custody. (Longley 1985)

In Scotland, the development of Intermediate Treatment schemes occurred around the same time as the Children's Hearings system was brought into operation. As mentioned previously, there was no provision for Intermediate Treatment requirements to be attached to supervision orders. There was also no legislative requirement for local authorities to develop Intermediate

Treatment schemes in their areas. Intermediate Treatment in Scotland owes its origin to the individual initiative of social workers or youth workers who have wanted to develop a constructive approach to working with young people. For historical reasons Scottish Intermediate Treatment has concentrated on younger children and there has been very little specialist provision for young adult offenders. Despite the lack of formal legislation for Intermediate Treatment in Scotland, the Social Work Services Group of the Scottish Office hoped that Intermediate Treatment provision would form an additional measure of care available to the Children's hearings. Thus local authorities were encouraged to:

"Devote further effort to the development of alternatives which would serve to widen the range of choice of appropriate forms of care open to Children's hearings." (SWSG 1974)

In the 1980's, it appeared that some of the English approach as to Intermediate Treatment have been adopted by Scotland. The Social Work Services Group acknowledged that Intermediate Treatment in Scotland had been slow to develop as a direct disposal available to the Children's hearings. Further, Scottish local authorities still have a considerably higher proportion of young people in residential care than do the local authorities in England and Wales. Both Panels and Social Work Department in Scotland have recognised the need for more community alternatives of an intensive kind.

A more recent study has shown that many Intermediate Treatment projects in Scotland were operating with a general approach to helping children. (Gallagher & Jones, 1980) Gallagher and Jones found in their survey that only 8% of the Intermediate Treatment projects included in their study had narrow aims, to provide compulsory supervision and alternative to care. As Gallagher and Jones also noted in their study, Intermediate Treatment did not exist in many parts of Scotland, as it depended on the availability

of resources and the commitment of both professional staff and volunteers to develop Intermediate Treatment.

Similarly, a recent review of Intermediate Treatment in Scotland carried out by the Scottish Intermediate Treatment Resource Centre in 1986, found that most of the Intermediate Treatment projects included were non-intensive in nature and had non-specific aims. Despite the fact that a majority of the regions in Scotland now indicate that their Intermediate Treatment Services should be providing direct alternatives to residential care, the Intermediate Treatment Resource Centre review suggests that very few Intermediate Treatment projects in Scotland are as yet providing programmes which are sufficiently intensive or credible to be recognised as providing a specific alternative to compulsory residential placement (S.I.T.R.C. 1986).

The Meaning Of Intermediate Treatment

So far we have discussed the major body of legislation which has brought about Intermediate Treatment provision in England and Wales and Scotland, and have pointed to some of the major differences between the two countries' legislation concerning the development of Intermediate Treatment. We have also considered some of the basic theoretical grounds upon which the concept of Intermediate Treatment has been based. One important point which emerges from our discussion is that Intermediate Treatment is seen as a legislative measure, a social work approach and a community response to the problems of delinquency and deprivation. For this reason, the various interpretations (both from official sources and professional points of view) of the potential and scope of Intermediate Treatment vary widely. Intermediate Treatment development has also been influenced partly by those who initiated the projects; partly by the financial resources available; and also by the authority responsible for it. (Jones & Kerslake 1979).

In this section of the chapter we will examine some of these differing views and definitions of Intermediate Treatment by revealing some of the conflict and vagueness of the various interpretations.

The task of how one should define the meaning and purpose of Intermediate Treatment is a difficult one. Many would agree that Intermediate Treatment means different things to different people in terms of its activities and objectives. In practice it consists of a great many resources (SWSG 1979). For instance, in the eyes of many social workers, committee members and magistrates, Intermediate Treatment has been identified as recreation, particularly outdoor pursuits. By implication, youth clubs, holiday expeditions, etc, when combined with individual supervision could provide the necessary treatment to meet the needs of the children referred to them. Others see Intermediate Treatment as a creative and imaginative extension of other attempts to help children in trouble (Stephenson 1971) or as a "Continuum of Care" (Paley & Thorpe 1974) in which Intermediate Treatment is seen as a range of possibilities between basic and universal facilities (eg youth clubs, adventure playgroups etc.) and residential care. Even from a legislative point of view, there has been a lack of any specific guidelines with regard to the true aims of Intermediate Treatment and the professional extent of work performed.

In the White Paper "Children in Trouble" (1968), Intermediate Treatment has only been described in such broad terms as "Intermediate between Supervision and Committal to Care" (Paragraph 21) that it is of little use as a guide to the new provision. The stated official aims of Intermediate Treatment have also been outlined in the DHSS guides to Intermediate Treatment. For instance the 1972 DHSS guide to Intermediate Treatment summarises the purposes of Intermediate Treatment as follows:

"The object if the treatment will be to bring the child into contact with a different environment and to give him the oppertunity of forming new personal relationships and developing new interests .. to use the opportunity presented by Intermediate Treatment to enrich the child's environment and assist his development .. provide a means for broadening his experience in ways likely to be beneficial to his development as an individual and as a member of society." (DHSS 1972)

In another DHSS guide, Intermediate Treatment has been defined as follows:

"As a form of treatment it is intended to enable a child or young person to develop new beneficial attitudes and activities which may be continued after his supervision order has ended and by so doing help him develop generally and avoid further trouble." (DHSS 1973)

Similarly in a 1977 circular on Intermediate Treatment, the official objectives and definition of Intermediate Treatment was described in the following terms:

"The expression 'Intermediate Treatment' can be used ... more broadly to describe arrangements for helping Children and Young people in trouble or at risk, or thought to be at risk of getting into trouble. The objective is to help those concerned or overcome their difficulties and fulfil their potential." (DHSS 1977)

From the above statements the objectives and definitions of Intermediate Treatment have been stated in such general terms that inevitable they have allowed a variety of schemes and projects to be developed with tremendous flexibility since Intermediate Treatment was first introduced.

The amount of flexibility and freedom of choice provided by the official framework for Intermediate Treatment has certainly gained support from many quarters in the seventies. For instance, Terry Powley suggested that not giving a distinct definition of the functions of Intermediate Treatment would allow

"Flexibility for different areas to develop Intermediate Treatment services appropriate to the area's particular needs, and for social workers and probation officers to choose between and recommend from an unlimited number of possible treatments" (Powley 1971)

Similarly Chris Andrew saw that

"To attempt to define Intermediate Treatment's nature would be self-defeating. The definition would either be so vague as to be meaningless, or would restrict its application in such a way that its full potential would be limited" (Andrew 1972)

However, one could equally argue that whatever the advantages one might see in the generality being provided by official use of the term 'Intermediate Treatment, such vagueness of definition might obscure the true aims of projects in this area. J.Downie and J.Ames pointed out at the time of the start of the present study, that the variety of Intermediate Treatment projects in existence could be a reflection of the projects' attempts to meet the needs of their individual groups of clients, or it could be a reflection of a range of interpretations of guidelines on Intermediate Treatment, or both. (Downie & Ames 1978)

Hence, the absence of specific guidelines concerning the functions and the development of Intermediate Treatment has given rise to a variety of interpretations and methods of work amongst those who are involved in the area of Intermediate Treatment in the seventies.

From the professionals' point of view, one would discover that their aims and objectives were even more diffused than those definitions embodied in the official documents. Throughout the literature at the beginning of the study and from my initial visits to a number of Intermediate Treatment projects in the South of Scotland, there appeared to be a diverse range of projects, varying widely as regards their activities, objectives, approach and underlying philosophy. The projects' conceptions in relation to the functions of Intermediate Treatment seemed to be diverse and all inclusive ranging from a treatment philosophy, and from a caring objective to a containment objective.

Projects which adopted a treatment philosophy often concerned themselves

with objectives which are related to the 'growth' and 'developmental' needs of their clients. Their aims were often generalised under terms such as to "provide a support resource", "develop potential" (Kevan 1975), "help ... towards greater confidence, self-awareness" (Roberts & Davies 1975), "influence the child's development" (Pickles 1977), "restore self-confidence" (Morris 1975). However for those who believe in a 'containment' or 'control' model for working with children, objectives are often seen to be directed towards delinquency reduction or behavioural changes in their clients. As Norman Tutt states:

"A basic premise from which I work is that Intermediate Treatment is to do with reducing delinquency". (Tutt 1977)

He argues that committing an offence is a major reason for intervening in a child's life so that the aim of Intermediate Treatment intervention must be to reduce delinquency. Similarly Roberts and Davies in their annual report on the Wythenshawe Project suggest that:

"The responsibility of the Social Services and Probation Departments is to contain and control the behaviour of youngsters placed under their care by courts ... Intermediate Treatment should be seen as providing an opportunity for social workers to increase the intensity of Community Care and Control ... This involves the explicit acknowledgement by social workers that the primary objective of Intermediate Treatment is containment". (Roberts & Davies 1975)

Further, apart from the differing views which were presented amongst different projects, the actual goals and objectives within individual projects were often diverse and all-inclusive. For example, below is a list of goals stated by one of the Intermediate Treatment projects included in the study:

1. Improvement of self-image.
2. Improvement of confidence in coping socially with peer group and adults.
3. Development of particular skills and interests through emphasis on strength and sympathetic remediation of weaknesses.

4. Channelling energy to positive rather than negative ends.
5. Provision of new experiences.
6. Giving responsibility leading to action-oriented initiative-taking.
7. Building up a habit of school attendance.
8. Encouragement of self-motivated learning.
9. Providing experience of good relationships with adults away from 'profit motive'.
10. Improvement of decision making.
11. Education in 'affective' as well as 'cognitive' development.
12. Improving ability to cope with 'authority' without being apathetic or aggressive.
13. Work towards achieving effective participation in the community and the society at large.

As we can see from the list above, the aims and objectives are spelled out in such broad terms that one could not help criticising it as being unrealistic and confusing. Further, the aims seem to have been derived from two conflicting concerns - developmental needs and support of their clients on the one hand (eg. objective no. 1, 2 and 3) and the behaviour of the child and society's attitude on the other. (eg. objectives no. 7, 12 and 13).

The above discussion highlights some of our unresolved dilemmas about 'Care and Control', 'Treatment and Reform' which seem to be inherent in our penal system. It also poses questions such as 'Is Intermediate Treatment a service for young people 'At risk' or the courts?', 'Is it a measure to serve the interest of the child or the protection of society?'. The differing views of Intermediate Treatment are seen by many as a result of our conflicting attitudes towards the problem of delinquency. As Olive Stevenson points out that:

" ... we have to recognise that Intermediate Treatment as many other measures of social reform - has two different emotional origins. One is concerned with law and order ... The other is concerned with the desire to speak to the condition of children who suffer ..." (Stevenson 1971)

So far we have discussed two major features of Intermediate Treatment. First, Intermediate Treatment is seen as a product of our changing views towards the problems of delinquency. Second, there appears to be a lack

of specific guidelines for those who are involved in Intermediate Treatment. Hence in practice it uses a variety of methods and resources. There is certainly a need for research to establish what objectives and aims are being sought by those in practice. It is also important to examine what specific methods and approaches are at work within different projects.

Research In Intermediate Treatment

Research in the area of Intermediate Treatment was at its infancy at the time when the present study was carried out. Many of the studies in the early period have been purely descriptive in nature and have often involved looking at one individual project. (Covington 1977; French 1976; Paley 1977a; Thorpe 1977a; Dennison et al 1977). In the 1977 survey carried out by the National Youth Bureau on practitioners' interests in Intermediate Treatment, 'Research and Evaluation' has been listed as the most widespread interest out of a list of forty aspects in Intermediate Treatment (Thomas & Locke 1978). As David Thorpe argues, the interest of practitioners in research arises from the desire not only to improve their skill, but to prove that their 'methods work and thereby to influence policy' Thorpe 1977b). However what kind of research is needed is less clear, partly because of the diffuse nature of existing projects and partly because we know very little about what constitutes an effective treatment of delinquency.

An example of the studies which were purely concerned with a single project is seen in the study carried out by the professionals in the Edmond Castle Intermediate Treatment Scheme. (Murray 1976) The purpose of the study has been to establish how far the project has been successful in improving children's behaviour within their own environment after a period of participation in the project. The research findings were

optimistic in terms of clients' improvement in the area of relationships with their social workers and delinquent behaviour. However the boys' previous delinquent careers were not discussed and the average time lapse between the individual attendance of each boy on the project was not given, thus making interpretation of the data difficult. Further, comparison of the outcome of the project has not been drawn with other Intermediate Treatment schemes, therefore a general conclusion about the effectiveness of Intermediate Treatment can not be made.

Research on Intermediate Treatment provision at area and national level was almost non existent at the start of the present study. Further, there have been only a few studies which have made any attempts to make comparisons with different projects. A number of comparative studies have been carried out, mostly in English I.T. projects: for example, the pilot study at the Reading Intermediate Treatment by Haak (1977), where some of the children from the same classes in school were used as a comparison group for children in the project. Another outstanding comparative study has been carried out by R. Jones (1979), who based the research on information obtained from five Intermediate Treatment projects. Other evaluative studies which used comparison groups also included the following studies: alternative assignment of cases to project and control group at the Coventry City Care Project (White 1973): rejected referrals at the Hammersmith Teenage Project (French 1975): matched groups from children on Social Service Department caseloads for the Markhouse Centre (Riches 1975).

Equally widespread in the literature are studies which provide descriptive accounts of what happened within projects, along with comments made by the participants involved and other individuals. For instance, in the study on the Higher Clarence Project, data were based on a descriptive account of the comments made spontaneously by parents, teachers, the hall caretaker and the social club secretary about the children's behaviour

during their attendance in the project. Research findings such as these are useful pointers for areas of further research, but they are of limited use in establishing the effectiveness of Intermediate Treatment. More systematic studies are required in the evaluation of Intermediate Treatment if we are to know whether Intermediate Treatment 'works'.

There was a growing demand for research to focus on the importance of consumers' experience at the time when Intermediate Treatment was first introduced. In a paper delivered to the National Intermediate Treatment Forum 1977, Spencer Millham emphasised that:

"We need information on how to set up projects, how to keep them going, what the participants feel they are getting out of it and what the families feel the children are gaining." (Millham 1977)

The emphasis on consumer orientated research is also implicit in David Thorpe's paper on the aims of Intermediate Treatment, where two of the aims or objectives are seen as "benefits for the client and benefits for the family" (PSSC 1977). Similarly, the Personal Social Services Council's report on "A Future for Intermediate Treatment", has also pointed to the importance of including the consumers' view in any evaluation of Intermediate Treatment. The report suggests that:

"Wherever possible there should be a two-dimensional approach to evaluation and research. At one level the family, the participants as 'consumer' and the Intermediate Treatment workers should be involved. This will encourage the young person to measure his own development. '... systematic monitoring and evaluation will in time enable all those concerned with the provision of Intermediate Treatment to make better informed judgements about its organisation, development, resource needs, methods and scope.'" (Thorpe 1977)

Despite what was emphasised in the report, the Personal Social Service Council Working Party has not included the voice of the consumer. There is certainly a need for more research and exploration in the area relating to consumers' attitude towards Intermediate Treatment if Intermediate Treatment is to establish itself as an effective measure for

youngsters who are in trouble or at risk.

There has been more recent research in Intermediate Treatment carried out in Scotland. A statistical study of Scottish Intermediate Treatment was conducted by Helen Jones and James Gallagher in the Social Work Services Group's Central Research Unit in 1985. The study included 76 Intermediate Treatment projects in Scotland with the purpose of obtaining information about the characteristics of each project and attempting to classify them. The classification which Jones and Gallagher developed from the findings of their survey included: high intensity Intermediate Treatment schemes, medium intensity Intermediate Treatment schemes and low intensity Intermediate Treatment schemes. The results of the classification on the Intermediate Treatment schemes surveyed, indicated that the majority of the Intermediate Treatment provision in Scotland were of a medium to low intensity in nature.

In 1985, a joint effort between Social Work Services Group and the Scottish Intermediate Treatment Resource Centre undertook a review of Intermediate Treatment in Scotland. The survey was to assess Intermediate Treatment policy and practice in the various Scottish Regions. The findings were useful in terms of current Intermediate Treatment practice and development in Scotland. In addition the report of the review also included some important recommendations on the development of Intermediate Treatment for Scotland.

Finally, in 1986 the Social Work Services Group funded the University of Edinburgh to undertake an evaluative study on Scottish Intermediate Treatment programmes. The study is being conducted under the direction of Professor Derick McClintock, of the Department of Criminology, and Dr Alex Robertson, of the Department of Social Policy and Social Work, in collaboration with Professor Tony Bottoms of the Cambridge University Institute of Criminology. The study is due to be published in the near future.

Practitioners' And Clients' Perceptions Of Intermediate Treatment

At the time when the field work of the study was being conducted, Intermediate Treatment in Scotland covered a wide range of activities and existing projects varied greatly in terms of their philosophical stance, assumptions and theoretical positions. An Intermediate Treatment project may be staffed by practitioners with differing views about what they are doing and why. Many of the existing Intermediate Treatment projects and agencies had different views of the role of Intermediate Treatment based on their primary professional remit and perspective. To a large extent, there is still a general lack of agreement on the purpose and provision of Intermediate Treatment in Scotland. (Scottish Intermediate Treatment Resource Centre 1986) Hence one of the intentions of this study is to examine the perceptions of practitioners concerning the functions of Intermediate Treatment. The study also poses questions such as "How do practitioners see their role in Intermediate Treatment?" (ie as a control agent or a caring agent.) "What kind of emphases do they see as meaningful to their clients?" This lead us to the second concern of this research which relates to clients' perceptions of Intermediate Treatment.

The last twenty years have witnessed a growing interest in studies of clients' views and perspectives in the field of social policy and social research. Some notable researchers in the past have also suggested to us that clients' experience of any intervention programme is an important factor which can influence the effect of the programme. For instance, the numerous problems identified by accounts of inmates' experiences in institutional treatment have been highlighted by various writers. (Sykes 1958; Clemmer 1962; Morris 1963; Goffman 1968; Cohen 1972.) They have all pointed to the fact that how the participant perceives each aspect of the treatment is important in the understanding of the

effect of treatment to him. This has also been illustrated by the classic discussion about client experience "The Client Speaks" (Mayer and Timm 1970). Research findings of this nature would serve as a yardstick to evaluate the service in question.

Another advantage of having clients' opinions in studies of Social Service provision is that it may serve to prevent 'confusion and conflict' arising between clients and practitioners. This has been demonstrated in R Jones Study of children's parents' and social workers' perceptions of Intermediate Treatment. (R Jones 1978). Similarly Baldock and Prior (1981) tackled the issue of client perceptions by tape-recording the interviews between social workers and clients, thereby giving for the first time information on what actually happens in social worker/client interactions.

Rees and Wallace's study on client and social worker interactions provided a wealth of information on clients' likes and dislikes, quality of the relationship with the worker, clients' expectations of social work and factors important to clients in feeling helped.

Apart from the objectives and philosophical stance, the dimensions in which projects operate also vary widely at this early stage of Intermediate Treatment development in Scotland. The different dimensions in Intermediate Treatment may include: methods of approach (eg group work; community work; individual counselling etc.); organisation (eg group size, duration and frequency of attendance, age range of children etc.); accommodation (eg, Intermediate Treatment centre, social work department, school etc.) and client-group (eg children under supervision, truants, deprived young people etc.). To date, the varying nature of Intermediate Treatment provision in Scotland is still seen to be true. (I.T.R.C. 1985). For instance, Jones and Gallagher's study has identified six different categories

of organisations which provide some form of Intermediate Treatment. Similarly, the review carried out by the Scottish Intermediate Treatment Resource Centre has also shown that there are certain major differences regarding regional policy and practice of Intermediate Treatment in Scotland.

Information on the relevance of the different aspects and dimensions to clients is important in the understanding of Intermediate Treatment as an approach to children at risk or in trouble. Thus a major intention of this study is to identify and examine those aspects and emphases in Intermediate Treatment which are seen to be relevant from a client's point of view. As Peter Mash suggests that "client studies are potentially able to generate at least one form of criteria for successful practice, those criteria that the client thinks are important. In effect this provides a voice for the client, articulated through an independent process about the evaluation of the service they receive." (P Mash 1983). One of the best known client studies which managed to demonstrate this was the "Who Cares?" project (Page & Clarke 1977), deliberately set out to provide this voice. The clients' judgements provide one element of the criteria for good practice and they will legitimately be put into the balance with other criteria, such as legal duties, civil liberties, psychological factors and so on. One of the earlier studies of Intermediate Treatment has highlighted the problems of the non-directive approach to children in Intermediate Treatment (Waterhouse 1978). The study also questioned the extent of the participants' understanding of group-work and yet much of the work involved in Intermediate Treatment with clients takes the form of group activity. Thus much of the present study is concerned with information derived from clients, pointing to those aspects of Intermediate Treatment which are most meaningful to them. Special attention is drawn to issues such as: "What emphases do the clients see in Intermediate

Treatment?"; "What aspects of their participation have the most significance to them?"; "How-far do the children appreciate group-work and how useful do they consider the activities involved in their projects?" As Mayer and Timm have pointed out, although the appraisals made by clients are not the only consideration in shaping services, effective service requires us to know something about the responses and reactions of those we seek to help. Similarly, purposefulness in professional practice cannot be defined without taking the purpose into consideration.

Finally, it is also the intention of the study to look at the impact of the different projects on their clients. A comparison is drawn in terms of approach and emphases on which the projects are based. Rees and Wallace (1982) challenge the whole basis of quantitative research on client opinions by claiming that structured interviews will find what researchers want, but not necessarily what is most important to clients. Thus the impact of the Intermediate Treatment projects included in the present study is looked at from two different standpoints. First, information is derived from clients themselves, relating to their evaluation of their experience in Intermediate Treatment. This involves the children's own assessment of their achievement in the area of - delinquent behaviour; relationships with adults and peers; school attendance; use of leisure. Second, clients' response is also looked at by more objective measures of possible attitude-change in clients. By linking both clients' views of their achievement in Intermediate Treatment and an objective measure of their response, a more accurate conclusion can be drawn relating to the potential effectiveness of Intermediate Treatment.

Purpose Of The Research

The effectiveness of any kind of service offered to young offenders or children at risk has always been a controversial issue in the field

of juvenile delinquency. This is seen to be particularly true in the area of Intermediate Treatment. This study took place when Intermediate Treatment was not long introduced in Scotland. There has been little consensus about what actually constitutes Intermediate Treatment since its inception, so that everyone has his or her expectations and objectives for this new service. Very little was known about the various kinds of approach being adopted in Intermediate Treatment practice. There had also been very little work devoted to the understanding of the process of Intermediate Treatment intervention in young offenders. Only a few of the projects have been running for any length of time and fewer still have been subjected to any systematic evaluation. Finally the question of how one should go about evaluating the new programmes remained largely unanswered. The present study is essentially exploratory, set out to ask some basic questions such as "How do those who are participating or involved in the running of Intermediate Treatment projects view the service?"; "What are the objectives for Intermediate Treatment?"; "What are the clients' expectations of Intermediate Treatment?"; "How are the aims of various Intermediate Treatment projects translated into action?". These are some of the issues which are being dealt with in the present study.

The purpose of the research can be broadly divided into three main areas as follows:

1. To examine clients' and practitioners perceptions of Intermediate Treatment.
2. To identify those aspects and emphases of Intermediate Treatment which are considered to be relevant from a client's perspective.
3. To look at the impact of the different projects included in the study on their clients.

CHAPTER TWO

THEORETICAL FRAMEWORK OF THE STUDY

Theoretical Framework Of The Study

The reason for development of the trend for investigation of clients' opinions and views in social research are complex. (Goldberg 1970; Mayer & Timms 1975; McKay et al 1975). The major stimulant for research on consumer perspective is seen to be associated partly with growing uncertainty about the purposes, tasks and effectiveness of social intervention and partly with a pragmatic scepticism about the validity and relevance of certain theoretical and ideological positions. Further, the growing recognition that clients can help to become agents in the improvement of their social functioning, has implications both for the development of partnership with those who provide services and for a model of research which recognises the clients' capacities for partnership in social study and enquiry. (Eric Sainsbury 1983).

One of the main emphases in consumer-based research which has in part provided much of the conceptual framework for the present study is related to the fact that clients' and practitioners' views are important in the understanding of the effect of the service in question. This has been illustrated in the general Social Work literature by Mayer and Timms in "Client Speaks" a classic discussion concerning the way in which consumers' satisfaction is related to the presence of mutual understanding of the objectives of casework between both clients and workers. (Mayer J, and Timms N, 1970). As Tim Robertson (1983) suggests that the value of clients study to the practitioner can be seen in 3 main ways. First, to increase accurate empathy by providing a more complete understanding of the client's experiential world. Second, to help practitioners improve their ability to analyse clients and their circumstances, including the positive aspects, so that they can work more effectively with them. Third, to help practitioners become more aware of some of the normally unnoticed

dimensions of their encounters with clients and to provide a more adequate framework for thinking about the significance of these. (Tim Robertson 1983). Similarly in the field of Intermediate Treatment, the Personal Social Services Council have recognised the importance and value of both consumers' and practitioners' perceptions of Intermediate Treatment in the understanding of the effectiveness of the service. For instance, a report by the Personal Social Service Council 'A Future for Intermediate Treatment' stressed that

" ... there should be a two dimensional approach to evaluation and research. At one level the family, the participant as 'Consumer', and the Intermediate Treatment worker should be involved. This will encourage the young person to measure his own development ... systematic monitoring and evaluation will in time enable those concerned with the provision of Intermediate Treatment to make better informed judgements about its organisation, development, resources, needs, methods and scope." (PSSC, A Future for Intermediate Treatment 1977).

Despite such pleas for more consumer research and an apparent recognition of its importance on the part of many working in the field of Intermediate Treatment, (National Youth Bureau 1978; Millham 1977; Thorpe 1977), the fact remains that little effort has been made to study the views of those who use such services, so that we are still profoundly ignorant about the ways in which the consumers of Intermediate Treatment respond to the kinds of help that the service provides.

The main concern of the present study was to compare both clients' and practitioners' views regarding the objectives of Intermediate Treatment. More specifically the aim was to examine the degree of congruence between the perceptions held by clients and practitioners concerning the objectives of Intermediate Treatment and the extent to which such congruence was related to a positive outcome in individual cases. At a secondary level, the research was also designed to test a number of hypotheses concerning factors that might be expected to enhance the likelihood of a successful

outcome. Firstly, it is assumed that clients would achieve positive changes when their expectations as to the objectives of Intermediate Treatment were in agreement with those of their practitioners' (Congruity of perceptions). Secondly it was postulated that positive outcomes would be related to the extent to which clients see the 'content of intervention' as relevant and helpful to themselves. In the study the 'Content of Intervention' would be explored in terms of the 'Emphasis' of the client's project. Finally, it was assumed that outcomes would be associated with clients' expectations concerning the effects of Intermediate Treatment. In more specific terms it was suggested that when clients expect that Intermediate Treatment will help them with their problems, or otherwise expect to benefit from their experience, they will have the motivation to improve.

The outcome measure of Intermediate Treatment in the study refers to the kinds of improvement made by clients at the end of a period of time which they have spent in Intermediate Treatment. The areas of improvement which are being examined include; relationships with adults; peer-relationships; family-relationships; delinquency reduction; use of leisure; school improvement and changes in self-esteem. The details of the methods used to measure 'outcome' will be elaborated in the chapter on methodology.

A final conceptual assumption in relation to the 'congruity' of objectives' is based on the concept of 'Contract' between clients and practitioners at their initial contract. One of the assumptions behind the concept of 'Contract' is that it serves to clarify objectives for both clients and practitioners and provides mutual parameters for both parties. Therefore it is assumed that where clients have formed a contract at the beginning of their contact with the project, their expectations of the objectives of Intermediate Treatment would be closer to those of their practitioners' (See the following discussion on use of contract).

In view of the above discussion, the following are the main hypotheses which the research is designed to test.

Hypotheses Of The Study

1. Where the views of clients and practitioners of the objectives of Intermediate Treatment are congruent, clients will have a more positive response to Intermediate Treatment.
2. The more the content of intervention in Intermediate Treatment is perceived to be relevant by the clients, the more positive will be the clients response.
3. Clients' responses to Intermediate Treatment will be positively related to their expectations of the effectiveness of Intermediate Treatment.
4. Clients who have formed a 'Working Contract' with their practitioners at the beginning of Intermediate Treatment will have views that are more congruent with those of their practitioners than those clients without a 'Contract'.

Theoretical Framework Of The Study

The framework of the present inquiry is drawn from a general perspective relating to clients' motivation for change. There is a general belief amongst the helping professions that clients must have a desire for change in some area of their life before they can make use of a helping relationship. Factors relating to the motivation for, or resistance to change on the clients' part have been widely explored and discussed (See the following section).

In the present study, attention is focused mainly on those discussions and theoretical assumptions explicated by various writers and theorists in the area of mutuality of objectives and expectations between clients and practitioners and clients' motivation for change. It is also the purpose of the discussion to delineate the major conceptual assumptions behind the study with a view to establishing support for the central propositions of the present inquiry.

Congruity Of Objectives And Expectations As A Dynamic In The Motivation For Change

In general the term objective is used indiscriminately to mean the aim, purpose or goal. It has been defined as 'states of affairs that are desired by the person' (Biddle, B 1973) or referred to as 'conditions which we would like to see at the end of a successful planned change effort' (Pincus A, & Minahan A, 1973). Congruity of objectives between client and practitioner in Intermediate Treatment would thus mean the existence of similar objectives or goals held by both parties in respect of Intermediate Treatment. The concept of 'Mutuality of objectives' between workers and clients has received much attention in the field of psychotherapy, counselling and particularly in the area of casework approach in social work practice (Pincus & Minahan 1973; Reid 1972; Epstein 1972; Hollis 1972; Goldstein 1971 and others). There is a general consensus amongst social work practitioners that the initial interaction between social workers and clients should be focused on establishing mutual objectives (Gottlieb W. & Stanley J.H. 1967). One of the fundamental principles of the concept of 'Mutuality of Objectives' is that treatment of any kind should be based on goals that are consciously established and mutually agreed by both the client and the worker, for this would serve to make the contact between both parties more purposeful and also provide a common frame of reference (Pincus & Minhan 1973; Hollis F, 1964; Gottlieb 1967).

For instance Werner Gottlieb and Joe H Stanley in their paper on 'Mutual Goals and Goal Setting in Casework' define Social Casework as;

" ... treatment consists of mutually agreed upon goal-directed activities, engaged in by the caseworker and client, the purpose of which is to bring about constructive changes in client disfunctioning or distress and personal growth." (Gottlieb W, & Stanley J H 1967)

Similarly, Florence Hollis states that in the process of treatment

"It is often a great value for the goals to be explicit, for the client will more surely move towards his objectives when he is conscious of what they are." (Hollis F, 1964).

Empirical studies have also shown that there is a significant association between the effectiveness of treatment and the presence of agreement on objectives shared by both workers and clients. W.T. Reid's study in social work, for example, suggests that social workers cannot bring about significant changes with people who do not want to work on problems the social workers wish to pursue (Reid W, 1972). In relation to the presence of agreement on work-effect and clients' cooperation, Cartwright and Zander found that people are more inclined to continue in the change process where there is agreement between the helping agents and individual, family or group on core problems to be worked on and methods used (Cartwright & Zander 1968). Finally, Mayer & Timms in their research into consumers' satisfaction with social work found greatest dissatisfaction where there was greatest distance between clients' and workers goals (Mayer & Timms 1970). P Balgopal and T Vassil suggest that goal setting between social workers and clients should include the initial outline of the contract, an important component which is used to designate an agreement between the worker and client concerning expectations, offers, promises within the context of problems, purposes and relationships. (P. Balgopal & T. Vassil 1983).

A Psychological Perspective Of Mutuality Of Objectives Expectation And Attitude Change

Attitude Inconsistency And Motivation For Change

In the field of Psychology, research and theory have also concerned themselves with the subject of attitude-change relations to congruity of

perceptions. Festinger's theory of cognitive dissonance (1957), postulates dissonance as a negative drive state which occurs whenever an individual simultaneously holds two cognitions (ideas, beliefs, opinions) which are psychologically inconsistent. According to Festinger the result of holding such cognitions is a feeling of discomfort that would lead the person to rectify the situation (1957). Responses have been cited by inconsistency theorists as techniques for reduction of dissonance (E Aronson & J Mill 1959; Festinger 1959; Osgood 1960; Rosenberg & Abelson 1960). One of the major contributions from the cognitive inconsistency theories is the development of a broad theoretical framework in the area of social influence and attitude change.

A great deal of experimental evidence exists in the area of communication and attitude change which shows that the more extreme an attitude or opinion, the more difficult it will be to produce changes in attitude (Hovland 1959; Harvey and Sheriff 1957). On the other hand, it has also been shown (Goldberg 1954; Hovland & Pritzker 1957), that the greater is the discrepancy between the subject's position and the opinion advocated, the greater is the likelihood of an opinion change toward the advocated position. In an attempt to assess such diverse findings, Hovland (1959) has proposed some empirical principles that specify in greater detail the relationships between communication discrepancy and attitude change (Hovland 1959). The determinants of attitude change as suggested by Hovland are related to how the subject sees the communication, whether or not it is acceptable to the subject, how clear or ambiguous the communication is and whether the communication is seen as credible by the subject.

A similar conceptual view on the subject of effective social influence and attitude changes was advanced by L. Festinger (1953) who seeks to

understand the conditions whereby conformity leads to actual changes in attitude and conditions under which it fails to do so. The major posits of Festinger's theory are twofold.

Firstly, public compliance without private acceptance will occur if the person in question is restrained from leaving the situation and if there is a threat of punishment for non-compliance. Secondly, compliance with private acceptance will occur if there is a desire on the part of the person to remain in the existing relationship with those attempting to influence him (Festinger 1953).

Finally, Kelman has advanced a model of social influence precesses with some similarity of conception, based on the concept of value and goal congruence. Kelman asserts that if an individual can be induced to say something he ordinarily would not say, the probability of making the induced statement again will be a function of whether or not the response was accompanied by implicit supporting or interfering responses. Whether the accompanying responses for any given overt response will be supporting or interfering depends in turn on the conditions under which the overt response is elicited. To induce a person to say something he ordinarily would not, according to Kelman one may use 'Response Restriction'. Kelman suggests:

'Response restriciton will tend to produce supporting responses when the communication is perceived favourably, when the restriction is in line with the subject's own needs, and when it enhances the subject's feeling of choice. Response restriction would tend to produce interfering responses, and hence impede (attitude) change, when the communicator is perceived unfavourably, when the restriction frustrates the subject's own needs, and when it creates an atmosphere of high pressure' (Kelman 1953).

Central to Kelman's thesis in his three types of social processes which he distinguishes as 'Compliance', 'Identification' and 'Internalisation' (Kelman 1958). Compliance is seen to occur when an individual accepts influence because he hopes to achieve a favourable reaction from

another person or group. He adopts the induced behaviour not because he believes in its content but because he expects to gain specific rewards or avoid specific punishments by conforming. Thus, the satisfaction derived from compliance is due to the social effect of accepting influence.

Identification on the other hand is a process which occurs when an individual accepts influence because he wants to establish or maintain a satisfying relationship with another person or group. The individual actually believes in the responses which he adopts through identification but their specific content is irrelevant. He adopts the induced behaviour because it is associated with the desired relationship. Thus satisfaction derived from identification is due to the act of conforming as such.

Finally there is the process of internalisation which is the central concern of the present study. With the process of internalisation, an individual accepts influence because the content of the induced behaviour - the ideas and actions of which it is composed is 'intrinsically rewarding'. The individual adopts the induced behaviour because it is congruent with his own goals. He may consider it useful for the solution to a problem and find it congenial to his needs. Behaviour adopted in this fashion tends to be integrated with the individual's existing values. Thus satisfaction derived from the process of internalisation is due to the content of the induced behaviour.

The processes of compliance and identification are clearly instances of change which can be attributed to the influences of others. Kelman predicts that changes based on the first two processes are largely restricted by the reactions of others, therefore only where the pressures for change concur with needs of the individual will these changes persist. By contrast, internalisation is formulated in terms of the person's

choice to change, thus changes of this kind will be most stable and permanent form (Kelman H, 1958). Kelman lays considerable stress on value or goal congruence as a basis for attitude change, particularly in the process of internalisation. One of the more recent studies on group conformity was carried out by Smith. Smith's findings confirmed Kelman's prediction that changes in those participants whose goals are congruent with their trainers were more permanent than were those among individuals whose goals were incongruent with those of their trainers (Smith P B, 1976). I.Ajzen and M.Fishbein developed the 'theory of reasoned action' for the understanding of attitudes and predicting social behaviour. (I.Ajzen & M.Fishbein 1980). They suggest that since beliefs are the determinants of attitudes, it is beliefs which should be changed if attitudes are to be changed. Further, in Ajzen and Fishbein's study of alcoholics, their findings showed that the group of patients whose beliefs were closer to those of their therapists had more positive changes in their attitudes than the group whose beliefs were incongruent with those of their therapists' (Ajzen & Fishbein 1980).

It should be said that dissonance theory has received considerable criticism, Bem (1967, 1972) claims that all of the experimental results which dissonance theory is said to explain could be explained more simply by assuming that people infer their attitudes from their actions. Nevertheless, dissonance theory points to an important phenomenon that is attitudes can be influenced by shaping behaviour - role playing is an effective means of changing attitudes as long as the role is undertaken voluntarily.

The above literature and Kelman's theoretical conception of social influence and attitude change give support to the hypothesis that congruity of goals and objectives is an important motivational force

for attitude change.

Expectation And Motivation For Change

The concept of 'Congruity of Goals and Expectations' has also gained much attention from role-theorists. 'Expectation' is a term taken by role-theorists to mean prescriptive behaviour referring to behaviour that 'ought to' or 'should be' performed (Biddle, B.J. 1973). Expectations are presumed by most role-theorists to be an essential ingredient in any formula for predicting social behaviour and human contact is in part a formation of expectation. Gross defines role expectations as 'an evaluative standard applied to an incumbent of a position.' (Gross, M. & McEachern 1958). Sarbin and Allen define role expectation as being made up of 'rights and privileges, duties and obligations of the occupant of a position in relation to persons in counter positions' (Theodore, R.S. 1968). In other words a person's expectations can be seen as the conceptual link between the social structure and role enactment or actual behaviour, operating as imperatives to a person's conduct while enacting a role.

One of the central conceptual assumptions of the concept of 'Expectations' in the role perspective posits that complex social interaction is accomplished through sharing of expectations by individuals. People conform in their behaviour to expectations they hold. Moreover individuals become discontented when their expectations are not met (Biddle, J & Thomas E.J. 1966).

Neal Gross and his associates produce an interesting and broadly useful research analysis on reciprocal role expectation which is central to our concern in relation to clients' expectations and motivation to change. They suggest that effectiveness of expectations as a motivational force depends upon two main factors. First, expectations must be perceived

in order to influence behaviour. Therefore accurate perception by client of the practitioner's expectations depends upon practitioner's ability to communicate with the client and the practitioner's conviction that it is helpful to the client to know what the practitioner expects. Second, expectations must be perceived by the client as legitimate in the context of his current situation and his culture (Gross, N & McEachern, M 1958).

A vast amount of research on clients' expectations has been carried out concerning particularly the factors relating to discontinuance of treatment in counselling, psychotherapy and social casework. Most studies have by and large shown that dropouts occurred because the clients were not able to find the kind of help they expected or wanted (Raschella 1975; Bednar et al 1974). One of the major factors that appears to be related to those high rates of discontinuance involves clients' expectations of treatment, especially cases where there is a lack of congruence between practitioner and client in the ways they perceive the client's problems and the method used to handle them (Raschella, G.F. 1975). Clients often come into treatment with ideas about what will take place that vary considerably from what actually occurs. For example, clients often expect an active rather than a 'dynamically passive' caseworker, and advice rather than reflection as documented by Mayer and Timms (1969) and Overall and Aronson (1963). Overall and Aronson's study on expectations of lower socio-economic clients in their first visit to psychotherapy, found that clients whose expectations were not fulfilled tended not to return for further treatment in contrast to those whose therapists met their expectations (Mayer & Timms 1966).

A recent study has been carried out by Patterson and colleagues on reoffence of delinquents. (Marlowe, Reid, Patterson & Weinrott 1986). In their study the sample of delinquents was randomly assigned to

'specific treatment' (Expectations of treatment were clearly outlined) or to 'unspecific treatment' (Expectations of treatment were vague and general). The findings of the study indicated that clients from the 'specific treatment' group committed significantly fewer offences during the treatment year than the group who received 'non-specific' treatment. Further, studies on the effects of individual psychotherapy and casework has shown that success in behavioural improvement of client was associated with clear treatment expectations of clients, specific treatment plan and goals that were not complex and that were potentially achievable by clients, (Patterson 1985, D.Gordon and J.Arbutnot 1987).

These explanations seem to have a vital bearing on the problem of dropouts. They point to poor communication between the client and the worker due to faulty reciprocal expectations involved in a client's help-taking and a caseworker's help-giving.

On the subject of clients' expectation and motivation for change, a vast amount of research has been concerned with the effect of clients' expectations of treatment outcome. Findings in this area have documented the fact that the client's expectation - his faith and belief in the potential success of treatment - can have an important effect on outcome (Oxley, G.B. 1966 & 1971; Frank, J.D. 1971). These findings appear to pertain across all forms of therapeutic endeavour and theoretical orientation. In 1961, Frank proposed that

" ... part of the success of all forms of psychotherapy may be attributed to the therapist's ability to mobilise the client's expectation of help (Frank, J.D. 1971).

One important variation of client expectations has been termed the 'Placebo Effect' (Shapiro 1971). A placebo is simply an inert chemical or procedure which, despite its actual impotence, brings about therapeutic improvement in its recipient (Mahoney 1974). There is considerable evidence

in medicine that placebos can produce positive change in medical-patients (Group for the Advancement of Psychiatry 1975).

In the field of psychiatry, an increasing amount of fear-reduction research has been concerned with expectancy variables. First there are those studies which contrast systematic desensitisation with placebo manipulations. Second, investigations have attempted to induce different expectations of outcome for the same technique. This development has partly been a response to the continuing suggestion that behaviour therapy procedures such as systematic desensitisation rely heavily upon direct suggestions and the patient's expectations of success (eg. Klein, Dittman, Parloff & Gill 1969) rather than conditioning principles. In support of the implication of patient's expectations of success and outcome of treatment, Ralph W. Heine and Harry Trosman conducted a study at the University of Chicago Psychiatric Clinic on patient's expectations and outcome of psychotherapy. Their results show a high correlation between patients who continued treatment and the degree of conviction that treatment would help. Of the 23 patients who continued in treatment, 18 anticipated active collaboration with their therapists. Of the 22 patients who dropped out only 9 anticipated active collaboration (Heine, R.W. & Trosman, H, 1960).

Diffuse aims of Intermediate Treatment allow for diversity of expectations, the juvenile may believe the purpose is enjoyment, while the practitioners' covert aim is therapy. (Jones and Kerslake 1979). In a review on six Intermediate Treatment projects carried out by Adams et al, they concluded that when practitioners' expectations of clients were made clear ie. delinquency reduction, the outcome of Intermediate Treatment was more positive. (Adams et al 1981).

Lick and Bootzin (1975) have suggested several hypotheses as to why client's expectations may have an effect on outcome of treatment. Firstly

of expectation of therapeutic benefits; this may motivate clients to follow and comply with treatment procedures. Secondly, clients may be motivated to prove to themselves that they are cured by exposing themselves to situations which they previously feared. Thirdly it may elicit cognitive dissonance since having undergone presumably 'effective treatment' continuing to have problems would produce dissonance. This would also tend to elicit motivation for improvement by the person himself and others. Fourthly it may produce 'demand characteristics' after treatment in that those who have received (presumably) effective treatment and under more demand to show improvement (eg. social pressure from family, friends etc) and finally it may produce cognitive changes which would reduce problematic behaviours (Lick & Bootzin 1975).

Unfortunately, there is no unequivocal research evidence to show which of the above hypotheses are nearest the truth. However, what is important as implied by the above conceptual views in the present enquiry is the clients' expectations on the effectiveness of Intermediate Treatment may have an important effect on clients. Whether clients expect to get help or gain from their experience in Intermediate Treatment or whether they expect that Intermediate Treatment would not help them with their difficulties are important factors which could affect their efforts to co-operate with the staff or to achieve positive changes (Menninger, K. 1956).

In view of the study's concern with the usefulness of contracts for promoting mutuality of goals and expectations between clients and practitioners, it is necessary to outline some of the fundamental issues and assumptions behind the concept of 'contract' in social practice.

In recent years there has been a growing body of literature relating to the concept of mutual goal-setting in social work practice, advocating the use of 'working agreement' or 'contract' between clients and practitioners (Kravetz, D.F. & Sheldon, R. 1973): Pincus & Minahan 1973: Croxton 1974: Seabury 1974). Various definitions of contract and necessary components of a good contract have been specified by a number

of writers. According to Klein (1972) a contract is an agreement, both verbal and non-verbal between the client and worker about the purpose of the endeavour and the way in which they will work together. Goldstein (1973) stated that a contract is 'the organised set of explicitly or tacitly understood ways in which the interactors in a system agree to carry on their business'. Croxton (1974) presented contract as an agreement between the worker and members which must address itself to the following -

1. Mutuality of understanding concerning ultimate goals;
2. Reciprocal obligation relating to the helping process;
3. Ultimate expectations (terminal behaviour).

One of the assumptions behind the use of contracts is that specific achievement can only be made if clients and practitioners have common objectives and expectations concerning the service in question (Cartwright & Zanders 1968; Rosenfield, J.M. 1964).

Contracts would be in either oral or written form. Frequently, an oral contract between worker and client could be made at the beginning of intervention and this will be followed by a written contract. In general, a written contract is seen to be more desirable form of agreement since with a written copy available for both worker and client it is not susceptible to distortion of memory on the part of either of the parties concerned. (Kravetz & Sheldon 1973). Whether written or oral a contract should be made specific with the aim of spelling out explicitly what each party would do and expect from the service. Pincus and Minahan suggest three basic factors which have to be agreed upon with contracts in social casework. These include

1. Major goals of the parties
2. Tasks to be performed by each party to achieve the goals
3. Operating procedures for the change process (Pincus & Minahan 1973)

An essential element of each of these factors is a clear delineation of the responsibility of either party for meeting the terms of the contract.

One of the important advantages which has been much emphasised in the use of contract is that it could help to foster trust and co-operation in clients (Evans, R. 1976). Ronald Lipitt, Jeane Watson and Bruce Westley point to the fact that people are often suspicious of others who come along and suggest changes in their life. The first question that the social worker, or practitioner may get is 'What's in it for you?', (Overton, Tinker 1968). In methods of reaching out to families, Alice Overton and Katherine Tinker suggest that workers should let the families know specifically what behaviour or condition they believe should be changed. They found that often a gague statement of purpose put forward by a social worker such as 'wanting to help' may create suspicious and resistance in the part of the client because the client is often not clear what the social worker believes to be the essential problem in their particular case. Furthermore Overton and Tinker point out that by offering help, the social worker is implying that he is the all wise authority and that clients are incapable of helping themselves. This approach would create resistance in clients for the reason that in many ways it reflects upon their competence and status (Seymour & Halleck 1963). Similarly Seymour Halleck argues that adolescents who have come to a social worker through a court action would see the worker as a control agent. They would expect that when their need conflicted with those of society, society's needs would win out. The author stresses the need for the worker to describe his position and outline his purpose on the first meeting with the adolescent.

The above discussion points to the important fact that effort to overcome client 'resistances' should be limited by workers during their initial meeting with their clients. A contract would serve the function

of removing any suspicions and misconceptions in the client's mind as to the purpose of the service or intervention by the worker. Further it would help both the client and worker to see how the decision for clients to come to the service was made. The worker would also be able to explore clients' perceptions of why they are involved in the treatment and how they feel about being there. Finally clients would be able to specify their expectations of the service, and feeling about seeking or receiving help.

Another pertinent factor in the concept of contract is related to the explicitness of objectives in the process of intervention. Explicitness of goals in the contract between client and practitioner would avoid the common problems which Reid refers to as the 'Double Agenda'. That is both practitioner and client believe that the objectives of the service are clear and think they are in agreement on its terms when in fact, they are not. Either party may think that it understands the agreements while both of them have different expectations about the goals, task and operating procedure of the service (Reid, W.T. 1972). Inevitably hostility, confusion and drop-outs would occur.

Recent studies in the area of juvenile delinquency have shown that some factors associated with positive outcomes are related to the presence of Contingency Contracting which involve youth in setting their own goals, evaluating and modifying goals. For instance, Patterson's study on the effects of individual psychotherapy and casework has shown that when the treatment only involves non-specific commitment of both practitioner and client, (such as providing a helping relationship) reduction in subsequent delinquent behaviour are rarely achieved (Patterson 1985). Similarly Ely, Swift and Sutherland's study on alternatives to custody care, their evaluation of the effectiveness of midway limit has shown that the success

of the limit was partly due to the fact that a firm structure of commitment was established at the outset of the programme between parents, trainees and social workers. Written contracts or declaration of commitment were formed by parents, trainees and social workers concerning trainees' attendance at the unit, at school or at work and absention from delinquent behaviour (Ely, Swift and Sutherland 1987).

One of the important elements in a contract is that it can specify what activities each of the parties would engage in. This establishes the differential participants of the parties to be contract, delineating what tasks a client may engage in and what procedure and activities the client could expect the worker to perform (Reid & Eptein 1972).

Despite the numerous positive aspects of contract, one should also recognise that it is also subject to limitations and potential abuses which must be taken into account Beall (1972), focused on the dangers of entering into contracts with members prematively, before sufficient background information has been gathered. Such contracts impede the future work of the practitioner and member(s) and may very well result in failure. Seabury's (1976) work, concerning possible negative aspects of contracts listed a number of limitiations. He suggested that it is difficult to negotiate contracts with involuntary clients. In addition, not all clients are capable of participating in formulating the terms of a contract, for example, young children, developmentally disabled persons and psychotic individuals. It is also difficult to establish contracts with multiperson client systems when members of the system cannot reach consensus regarding goals, and contracts with individual members may contradict each other.

In general contracts could be seen to foster explicitness, clarity and openness in the working relationship between practitioner and client.

Contracts would also provide the opportunity for establishing what Maluccio and Maslow refer to as reciprocal accountability. Both client and practitioner would be able to evaluate the service in question when the objectives are spelled out in the contract. Finally the probability of achieving an effective intervention programme is greatly increased when clients know explicitly what their commitments are and their participation involves.

In view of the above discussion, it is hypothesised that clients who have formed a contract with their practitioners in Intermediate Treatment will have more congruent objectives and expectations with their practitioners than will those without a contract. The implications of a working agreement seems particularly relevant in cases of involuntary clients. For example, children who are referred under a statutory order by their social workers, who have great power over them and at the same time offer to help. Often the referral agent, the practitioners in Intermediate Treatment and the client have very different expectations as to the purpose of Intermediate Treatment. One would assume that where practitioners specify to their clients the purpose of the service, clarify the roles and responsibilities of both themselves and the clients, and also point out to the types of services they could offer and express realistic boundaries to those services, time, cost, home visits etc., clients will be more ready to co-operate and work towards certain mutual goals with their practitioners.

CHAPTER THREE

THE RESEARCH DESIGN AND METHODS

Methods Of The Study

For the purpose of the study, the research adopted a longitudinal and cross-sectional method in its enquiry. Eight Intermediate Treatment projects were selected for the study.

Constraints During The Planning Stage Of The Study

As mentioned previously, one of the major concerns of the study was to examine clients' responses in Intermediate Treatment in terms of their attitude-changes. Thus the research took the form of a longitudinal design. The issue of an appropriate duration of the clients' experience in Intermediate Treatment which the study should monitor, posed great constraints on the research at its planning stage. Firstly, an essential criterion for inclusion in the sample of clients was that they should all be new members of the Intermediate Treatment project. This gave rise to the difficulties in obtaining an adequate sample of clients for the study. These problems were basically due to the fact that there was a great variation amongst the Intermediate Treatment projects selected. With some of the Intermediate Treatment projects, members met twice a week, while others met 5 days a week. The duration of membership with the projects also varied. In general membership of Intermediate Treatment groups lasted for periods varying from 3 months to 1 year. One of the greatest constraints was that 2 of the Intermediate Treatment projects had a comparatively longer period of membership for their clients. Thus new referrals could only be taken when existing members dropped out.

Another problem identified during the planning phase was to obtain access and co-operation of Intermediate Treatment projects in order to

conduct the study. One of the projects which had initially given its consent became reluctant to co-operate. The practitioners at this project felt that their clients would not be suitable for inclusion in the study because of its longitudinal nature. Additionally they were not convinced that delinquency reduction was a valid criterion by which to evaluate a project's achievement.

A Cross Sectional Study

One of the intentions of the study was to draw comparisons between the eight selected Intermediate Treatment projects. Thus in addition to being longitudinal in terms of the experience of the clients the study was cross sectional in terms of the projects within which those experiences occurred. As stated above, Intermediate Treatment projects included in the study varied in terms of their structure, format, programme and intensity. A cross-sectional study allowed more general conclusions to be drawn about perceptions of groups than could reliably be drawn from an isolated case study on a single project. A cross-sectional approach also served to enhance the evaluative goals of the research in establishing differences in the emphases of the projects and their effects on clients' outcomes. The papers of Clark & Sinclair(1974), Tizard Et.Al.(1975) and Clark(1976) on the nature and form of cross-sectional research suggest that such a design brings two 'streams' of design together. The first stream is evaluative by virtue of the comparative approach and the second is a sociological stream which explains.

Cross-sectional methods proceed by comparing a large number of institutions of a particular type within a single research design. For the present study, the method was seen to be useful for the purpose



of relating specific aspects of Intermediate Treatment to specific effects.

Much of the research on Intermediate Treatment has involved the examination of individual schemes or by the comparison of two projects. The question is whether traditional designs make as much use as they might of the variety that exists and whether the understanding they generate is abstract enough to be applicable to the variety of situations in which social treatments take place.

One of the reasons why cross-sectional designs have produced more clear cut and intelligible results than has the case study approach, lies in the number of units studied. If only two projects were compared it would be hard to know whether the success of one arises from the quality of treatment or from other factors which differentiate it from the comparison unit, eg. its size, location, staffing etc. (Clarke and Cornish 1972). As Heal and Cawson (1972) have written in their study of nine approved schools:

"In planning the research it was decided to attempt a cross-institutional study, rather than a case study. While case studies of institutions have been valuable in generating understanding of problems, they are limited by the difficulties of deciding when problems are the results of idiosyncratic features of one institution."

The Criteria Of Effectiveness Of Intermediate Treatment

The theoretical focus of the study is concerned with the effects upon clients of a number of Intermediate Treatment projects in Scotland. Valid and reliable criteria by which to evaluate the success of treatment of young offenders have proved difficult to define. This is especially true in the field of Intermediate Treatment. As mentioned previously the purposes, goals and objectives of Intermediate Treatment have not been clearly defined, rather, only vague and imprecise descriptions of the aims of Intermediate Treatment have been made available by the government.

For example, the DHSS circular states that the aims of Intermediate Treatment are:

" ... for helping children and young people in trouble or at risk of getting into trouble. The objective is to help those concerned to overcome their difficulties and fulfil their potential ... " (DHSS 1977)

The aims of Intermediate Treatment were discussed with the practitioners during the exploratory work. Most practitioners agreed that the reduction of delinquent behaviour was not an adequate criterion by which to evaluate the success of their projects. They argued that children referred to them were not necessarily delinquent and may have no criminal convictions at the time of referral. Further many practitioners did not see themselves as working towards reducing the delinquent behaviour of their clients. Rather, they saw themselves as helping clients to develop their relationships with others, strengthening their personalities and fostering changes in attitudes. In view of the above issues it was necessary to employ a wider ranging set of evaluative criteria covering both the practitioners' objectives and the frequency of delinquent behaviour subsequent to attending Intermediate Treatment.

A view which gave support to the study in examining both delinquency reduction and attitude change as outcome criteria was derived from Rapport (1960). Rapport suggests that there are two important treatment elements in any kind of criminal intervention. One is concerned with the treatment that the person gets; the second is concerned with the reintegration of the individual back into society. According to Rapport's analysis two sets of success criteria should be looked at in the evaluation of treatment intervention. The first he terms intermediate criteria, which involves looking at the changes in personality and attitude which have taken place as a result of treatment. The second is concerned with reconviction data which serve to measure the success of

of the attempt made by the treatment programme to return the person to society.

Similarly Weeks (1958) argued that whether or not offenders were reconvicted after treatment depends on how effective the treatment is in changing offenders' attitudes;

"... the treatment they received if effective should alter their attitude, values and opinion and this alteration should be observable by the time they leave the treatment facility."

Finally there is still very little evidence to support the belief that to improve, for example, clients' social functioning or increase educational ability will have an effect on delinquency. Thus one of the advantages of evaluating the effectiveness of Intermediate Treatment in terms of attitude changes and reduction in delinquency is that it would offer the opportunity to establish any possible relationships between the two sets of criteria.

Outcome Criteria Employed For Study

1. Reduction of Delinquency: The use of delinquency has been widely criticised as an inadequate measure for effectiveness of Intermediate Treatment (Kevan 1975, Roberts and Davies 1975, Bradley 1972). However, delinquency reduction was seen as an important criterion of effectiveness for the present study for two major reasons. The first of these reasons was related to the grounds on which the majority of children are referred to Intermediate Treatment. These are basically three types of clients including:

1. Those who are under supervision order due to minor delinquency.
2. Those who have problems at school, eg. truancy or being expelled from school.
3. Those who are deprived and disadvantaged with regard to environmental influences and parental support.

Although these are not the only grounds for referral to Intermediate Treatment, in most cases the main reason behind the referral is related to some form of delinquent behaviour. It appeared reasonable to describe the overall function of Intermediate Treatment as being to reduce delinquent behaviour by alternatives to residential care.

The second rationale for using delinquency reduction as an outcome criterion is related to the various specific objectives such as personality changes, combating deprivation, improving educational interests, being adopted in various degrees by the projects included in the study. It could be argued that these varied objectives are nothing but means to an end, the end being delinquency reduction. From an historical point of view it has been suggested that Intermediate Treatment was set up as a cheaper, more humane but potentially equally effective method of dealing with juvenile delinquency. If Intermediate Treatment is to be seen by society as an effective social measure, an important mode of evaluation must be in terms of how effectively it reduces delinquency.

As Allard (1976) suggests:

"Put crudely, neither the courts nor society is impressed by the fact that an apathetic, unhealthy, isolated, inadequate and culturally deprived delinquent has become, as a direct result of intensive social work intervention, an imaginative, athletic, companionable, adequate and culturally enriched delinquent."

Similarly Tutt (1976) states that "a basic premise from which I work is that is to do with reducing delinquency." He argues that as a child's committal of an offence is a major reason for intervention in his life, so the aim of Intermediate Treatment intervention must be concerned with the child's delinquent behaviour.

For the present study the overall objectives of Intermediate Treatment were evaluated in terms of two aspects including:

i. Reduction Of Delinquent Behaviour In Clients

1. Official Record: This would be based on records of any official convictions of clients during a period extending from three months prior to and three months after they became members of an Intermediate Treatment project.
2. Self Report Delinquency: A self report from clients on delinquent behaviour committed during the three months before and after they had attended their Intermediate Treatment project.

ii Areas Of Positive Change In Clients Response To Intermediate Treatment

One of the major explicit aims expressed by many Intermediate Treatment practitioners was related to improvement of clients' self esteem. For instance, Natfalin (1975), argued that Intermediate Treatment "... is a short term measure which should be primarily supportive while the clients grow towards increased self confidence, self esteem and self sufficiency." (Tutt 1976). Self esteem and self percept are also of interest to the labelling or social interaction theorists who stress the social consequences of self concepts and deviant action. A series of commentators including, Tannenbaum (1938), Lemert (1951), Reckless (1957 and 1960), Kaplan (1974) and Jenson (1972), argue that people with a high self image or self esteem are less likely to indulge in delinquent behaviour and that a "favourable concept of self, acts as an inner buffer or inner containment against deviancy." Reckless (1957). Lemert (1961), Becker (1969), Wilkin (1964) and others also postulate that the acceptance of a self percept as deviant is an important stage in the adoption of a deviant career.

Apart from the emphasis on self esteem and self confidence in most Intermediate Treatment projects' objectives, in practice there is also stress on the fact that activities in Intermediate Treatment should be a medium for attempting to establish a therapeutic child/adult relationship. For example, Payne (1975) suggests:

"What the boys in the Family Service Unit Group needed was not so much a club as a person, a relationship. In practice the offering of a relationship can only be made in the context of some activity."

Other Intermediate Treatment projects have also reflected "the devil makes work for idle hands", philosophy. The basic assumption is that the bored adolescent will drift into delinquency unless he can be offered adventurous activities. Intermediate Treatment is seen by some practitioners as an opportunity to offer new outlets and facilities to redirect the energies of young people into creative and socially acceptable pursuits. This objective is made explicit in the aims of some projects. For instance the Tayside Regional Council (1976) has spelt out that the intention of Intermediate Treatment is " ... to provide support and a suitable form of social education which will help to rechannel youthful energies away from delinquent pursuits." (Tayside Regional Council 1976)

Two of the projects included in the study were alternative education programmes for truants and school refusers, which had adopted to some extent an occupation philosophy in working with their clients. They suggested that an alternative form of schooling for those who reject or are rejected by the conventional education system may help "to channel energy into positive rather than negative ends." The assumption behind the occupation philosophy in Intermediate Treatment is that some crimes are committed simply because the children have nothing to occupy them during the time when they truant from school.

After several lengthy discussions with practitioners and taking into account the existing philosophical stance behind various Intermediate Treatment schemes, it was decided that the study should examine attitude changes in clients' responses to the four following areas:

1. Self esteem
2. Relationships with adults
3. School
4. Use of leisure time

Study Design

Several major considerations were taken into account by the study design. First the selected study instrument had to be suitable for the subjects of the study; ie. clients of the Intermediate Treatment projects included in the study. Most clients in the study had some difficulty in reading, writing or concentrating. Thus the approach employed would have to be direct and yet offer adequate guidance for their response. The method could not be too time consuming because of the concentration difficulty of many clients. Lastly the method had to be acceptable to both clients and practitioners in terms of the nature of the questions being asked. For these reasons, several research techniques were tested for their appropriateness.

The Interview

Personal interviews with clients were considered to be a satisfactory way of exploring their views on Intermediate Treatment. Interviews are used extensively in the field of attitude measurement, from unstructured to highly formalised approaches. The difficulties of interviewing were recognised and there was little guidance in the literature about interviewing children. Unstructured interviews produce very rich material

and also allow clients' reactions to questioning to be observed and taken into account, but have the disadvantage of being time consuming and difficult to interpret. The formalised type of interview is more amenable to analysis but produces less variety of material. As the study was concerned with specific issues in relation to clients' response, a semi-structured type of interview was seen as appropriate for the study. Semi-structured questionnaires were constructed for interviews to be carried out with clients at the start of their attendance in Intermediate Treatment and three months after the date of commencement. A pre-test of the questionnaires was carried out to highlight possible weaknesses in their content or structure prior to embarking on the main study.

Pilot Studies

A pilot study was carried out with a view to testing out the two interview schedules relating to clients' perceptions of Intermediate Treatment. An additional purpose of the pilot was to devise an appropriate method for establishing a collective view of the different emphases of the Intermediate Treatment projects included in the study. It was also the aim of the pilot to evaluate the appropriateness of the questions and the rating scales employed in the interview schedules.

Interview Schedule For The Pilot Study

The interview schedule for the pilot study was constructed to include a series of questions which were to be included in the first and second interview for the main study. The schedules were semi-structured in nature and related to the following main areas (see appendix 1):

1. Client's Perception of Intermediate Treatment; to document information on the client's perceptions of Intermediate Treatment in the following three aspects;

- a) Client's perceptions of the aims and objectives of Intermediate Treatment, including questions concerned with a client's initial reactions to Intermediate Treatment, how much they learned about the aims of Intermediate Treatment before coming to the project and how they felt when they first started at the project.
- b) Client's perceptions of the reasons for their referral and whether they agreed with these reasons.
- c) Working Contracts; in order to establish whether or not working contracts were being drawn up between referral staff, Intermediate Treatment practitioners and clients, questions were designed to ascertain whether clients had some form of working contract when they first attended a project. The nature of the contract and the persons with whom it was drawn up was documented.

2. Attitude To Difficulties In Problem Areas; this section of the questionnaire was designed to ascertain how clients view their own difficulties in various aspects of their lives. Six aspects of clients' perceived difficulties were included on the schedule.

- a) Relationships with adults; questions in this section were directly concerned with how clients related to adults, whether they trusted adults and whether or not they saw Intermediate Treatment practitioners differently from other adults.
- b) Peer relationships; clients' relationships with their peers were the focus of this section. Questions were concerned with how clients got on with children both in and out of school. The number of friends they had was documented and whether they felt they had difficulties in

making new friends was explored.

c) Family relationships; questions concerning clients' relationships with their families were designed to illuminate any difficulties they might be experiencing with their lives at home. Questions attempted to probe clients' perceptions of their parents' views of Intermediate Treatment and whether their parents felt their attendance would be of any positive benefit. Clients were also asked if they felt cared for at home.

d) School; in this section of the interview schedule questions were concerned with how clients managed at school. Whether or not they had ever been in trouble at school and the nature of trouble was explored. One section established whether clients had been expelled from school and if so whether they were likely to return to school in the near future.

e) Use of leisure time; this section of the interview schedule served to document how clients used their leisure time and if they had any interests outside Intermediate Treatment.

f) Self reported delinquency; this section of the questionnaire was to determine if clients had been engaged in delinquent behaviour during the three months prior to their attendance at the Intermediate Treatment project. The types of offences they had committed and the reasons why they had been in trouble were explored.

3. Intermediate Treatment Emphasis and Activities; questions in this section were directly concerned with Intermediate Treatment emphases and the type of activities provided by the projects included in the study. Their purpose was first to develop lists of activities and emphases to be included in the main study interview schedule and second to adapt a suitable measuring scale to examine the degree of emphasis and yield

data suitable for making comparisons between the projects included in the study. This section of the interview study consisted of two main areas.

a) Intermediate Treatment Emphases; the all-inclusive nature of Intermediate treatment has already been discussed in Chapter 2. It was for this reason that it was seen to be necessary that the list of Intermediate Treatment emphases used in the interview schedule should include as many of the relevant emphases as possible. A list of eight main categories of emphases was developed through a literature search and consultations with Intermediate Treatment practitioners. The following are emphases included in the pilot interview schedule:

1. Adult relationships
2. Family relationships
3. Peer relationships
4. Maturity and responsibility
5. Use of leisure
6. Obedience and deterrence
7. Educational ability
8. Personal behaviour

For each of these emphases three 'emphases factors' or statements were developed. For example, under the emphasis category 'Educational ability' the three emphases factors included in the interview schedule for the pilot study were; 1. improving your knowledge in general, 2. learning some basic skills to prepare you for work when you leave school, and 3, improving your school work.

Therefore a list of 24 'emphasis factors' was constructed (see Appendix 1.). The degree of importance of the factors was piloted by means of a three and a five point rating scale. The three point scale was labelled 'most important', 'don't know', and 'least important' while the five point scale was presented in the Likert scale type format using the

labels 'strongly agree', 'agree', 'uncertain', 'disagree' and 'strongly disagree' (see Appendix 1.). Respondents were asked to indicate the degree of importance first to themselves and second to their project for each factor included in the list.

b) Intermediate Treatment Activities; information on the activities being carried out by the projects was obtained by this section of the questionnaire. A list of eleven activities which were commonly carried out in Intermediate Treatment settings was constructed and included the following;

1. Formal group discussion
2. Informal group discussion
3. Indoor sports and games
4. Outdoor sports and games
5. Craft and creative activities
6. School work teaching
7. Trips out
8. Residential excursions
9. Free activities
10. Individual counselling
11. Community service

Respondents had to indicate the degree of helpfulness of each activity on the list. Respondents were also required to state the activities included in the list that they thought their particular project provided most of and the activities which they would have liked to have more of.

Results Of The Pilot Study

The pilot study was carried out in a single Intermediate Treatment project. The sample consisted of seven youngsters who had been with the project for more than six months. Each participant in the pilot study was given an explanation of the purpose of the interview and the reason for their selection. All seven agreed to participate. On the whole, participants seemed to have understood most of the questions they

were being asked. Their response varied and most were fully co-operative. All seven seemed to be able to provide appropriate answers to the questions they were asked at the interview. The interviews were not so time consuming as initially expected. Questions concerning clients' difficulties in the various problem areas provoked a surprisingly open response, particularly in relation to the issue of delinquent behaviour. On the whole it seems that most of the youngsters welcomed the opportunity to talk to someone about the reasons and the problems behind their referrals. The pilot study pointed to several areas in the interview schedule which required further modifications and refinement.

The Modified Interview Schedule

There were several areas in both questionnaires which required revision. Questions which concerned client's perception of the aims and expectations of Intermediate Treatment were found to be too structured. Responses to this section reflected how a respondent viewed the aims of Intermediate Treatment yet revealed little about what his expectations were. One of the concerns of the study was to examine associations between client's expectations of Intermediate Treatment and its outcome for the client. It was important therefore to include questions to elicit information on a client's initial expectations, expectations while participating in a project, and on what and how much he expected to achieve. In order to document this information the section on clients perception of the aims of Intermediate Treatment was extended to include questions relating to clients' expectations.

The rating scales used for the exploration of project emphases caused some difficulties. For the pilot study respondents were required to rate the importance of different emphases, for themselves and for their project, on a three and a five point scale. Respondents found this

rating exercise to be both repetitive and tedious and resulted in respondents losing their concentration and interest in the whole interview. Some respondents also found the emphasis factors difficult to understand.

The analyses of the two methods of rating were compared (see Appendix 2a, b, c, and d). With the five point scale respondents tended not to use the extreme poles of the scale, ie. strongly agree and strongly disagree. Respondents to the three point scale were skewed towards the positive end of the scale for the list of emphasis factors. Finally the eight categories of emphases developed for the pilot study appeared diffuse and repetitive. For example, the categories 'adult relationships', 'family relationships' and 'peer relationships' could all be seen as an 'interpersonal relationship' emphasis. Similarly the emphases 'maturity and responsibility' and 'personal behaviour' have a common thread in 'personal development'.

In view of the above problems the following amendments were made to the interview schedule. The section relating to Intermediate Treatment emphases was revised by reducing the eight emphases to four, namely; control, interpersonal, personal and instrumental emphases. Four emphasis factors or statements were developed for each of these emphasis categories (see Appendix 3.). For example, the factors comprising the interpersonal emphasis were

1. Making friends with other kids
2. Doing things with grown ups. eg. project staff
3. Being able to get on with grown ups
4. Being able to get on with people at home

The emphasis factors in the list were made as clear and concise as possible to avoid any misinterpretations by respondents. It was decided that the method for assessing the importance of the project's emphases would be more appropriate if it involved respondents in making choices.

As previously mentioned, all the pilot respondents had attended Intermediate Treatment for over six months. They appeared to have a clear view of the structure, regime, format, the emphases encouraged by staff and the activities provided by their project. It was thought that questions on project emphasis might pose difficulties for respondents who were new to Intermediate Treatment and therefore these questions were left until the second interview when they would have developed a better understanding of their project.

In the pilot study it was felt that clients' subjective evaluations of the effectiveness of their project were not sufficiently explored. Thus additional questions were devised for the main study which covered the clients' view of personal improvement and progress made, the kinds of help they got from Intermediate Treatment and the usefulness of their experiences. It was decided that a period of 3 months should elapse between the 1st and 2nd interviews. This short period was selected in view of the likelihood of being unable to make a second contact with respondents had the duration between interviews been longer.

Measurement Of Changes In Attitude

Several objective research techniques were considered during the pilot stage of the study. The need for an objective measure of attitude change in clients was felt necessary in order to accomplish the theoretical and evaluative goals of the study. The suitability of three main types of objective techniques were considered, including attitude scales and inventories, projective tests and the repertory grid technique.

1. Attitude Scales and Inventories

The Jesness inventory seemed to offer a measure of certain dimension in attitude changes. The Jesness inventory was developed by Jesness

in California as a tool designed for use in the treatment, classification and prediction of delinquency. It includes an 'asocial' index which Jesness found was capable of discriminating between delinquents and non-delinquents. (Mott 1969).

The Jesness theoretical frame of references refers mainly to a motivational component which relates to unfulfilled needs, especially dependency needs after the work of Andry (1960), Miller and Swanson (1959), and others. A number of studies in Britain, (Fischer 1967, Davies 1971, Mott 1969, Martin and Clarke 1969, Vallance and Forrest 1971) have validated the use of the inventory in British samples, although none have undertaken a full item re-factoring (Davis 1967, Fischer 1967, Mott 1973). The study of Joy Mott, supported by evidence from Fischer and Davies studies, found that the 'asocial' index scores may not be a reliable predictor of further delinquency for the older age groups. In a more recent study A R Forest (1974) undertook an item analysis of the Jesness inventory to examine the factorial structure of the scales of the inventory. An attempt was also made by Forrest to exclude items which were not contributing to the overall discriminatory efficiency of the inventory. The only dimensions of the inventory which were found to discriminate between groups were anti-social reaction and isolation from the family. In view of this result Forrest questioned whether personality is a sufficiently powerful predictive factor not to be swamped by conditions of mood and disadvantaged environmental circumstances when these also include distorted family relationships (Forrest 1977).

In view of its poor ability to predict, the application of the Jesness inventory seemed inappropriate for the present study. The main concern of the study did not aim only to discriminate between delinquents and non-delinquents. The Jesness inventory does emphasise personality

factors rather than attitudinal aspects of changes in subjects which was a crucial concern of the study.

2. Projective Tests

The possibility of applying projective techniques to measure attitude change was considered. These techniques involve projecting values, attitudes, needs, impulses and motives upon objects and behaviour outside the individual. Unfortunately the more complex projective techniques, such as the Rorschach test and the Thematic Apperception Test require highly specialised skills. It would also present problems in making valid interpretations of the subjects' responses. A more important constraint is the lack of relevant dimensions in existing projective tests for examining the kind of attitudes of concern to the present study.

3. Repertory Grid Technique

The repertory grid technique appeared to fulfil both the theoretical and practical requirements of the study. This is essentially an interviewing procedure which is defined in its general structure and can also be defined within very wide limits (Oppenheim). Its purpose is to map out the respondent's 'personal constructs' and their interrelationships or changes over time. It is basically an attempt to find out how each person 'sees' the world around him or that part of his world with which the investigation is concerned.

Repertory Grid Test

The repertory grid test is solely concerned with the elicitation of

constructs. Kelly (1955) originally described six ways in which constructs can be derived. The 'triad' method involves asking a respondent to give names to a list of role titles (elements). The respondent is then presented with three of these elements and asked to specify some important way in which two of them are alike and different from the third. The response is recorded and the respondent is then asked in what way the third differs from the other two. The answers concerning differences are the contrasting pole. As many triads of elements can be presented to a respondent as the investigator sees as appropriate.

Types Of Repertory Grid Technique

All formulations of the repertory grid are derived from the original technique proposed by Kelly (1965) as an integral part of his development of personal construct theory. The repertory grid was originally devised for use in the field of clinical psychology. Because of its flexibility it has been adapted to a variety of situations other than clinical psychology, for example market research (Riley and Palmer, Brains) and political voting behaviour (Fransella and Bannister). The main characteristics of the grid technique as described by Bannister and Mair (Bannister and Mair 1968) are: '... any form of sorting task which allows for the assessment of relationships which yields the primary data in matrix form'. The three main types of grid technique are now described.

The Repertory Test

This method is used for the elucidation of attitudes (constructs) allowing the respondent to choose those terms which are significant for him. They are elicited by various triads from the relevant lists of

elements (people or situations) to find an important way in which two of the triads are similar to one another and different from the third. Thus a list of attitudes is generated.

The Repertory Grid

A respondent is asked to score each of a list of elements (eg. people) in terms of each of a list of constructs (constructs elicited by the repertory test). Scoring can be either 'yes' or 'no' or more complex gradings such as a five point scale or rankings can be used. Whichever scoring system is used, the grid will yield a matrix of scores suitable for statistical analysis.

Situation Grid

Situations or objects can be used as elements instead of people (Smith 1974). Constructs can be elicited from triads of situations as in the repertory test. A people grid and a situation grid can be mixed so that people can be scored against situation or vice versa.

The application of the repertory grid technique to establish attitude change in clients was considered as appropriate for the study for several reasons. First, because of its flexibility the repertory grid technique can be adapted to suit the needs of the respondents and the study. Second, as a research tool the repertory grid can be efficiently employed to map out the respondent's perception of the 'real world', and his relationships with others and thus enhance the evaluation of changes in relationships over time. Third, problems of bias which bedevil many measurement techniques are almost negligible in this case. This is on account of the complexity of analysis which intervenes between completing the grid and the results emerging. Bannister & Mair (1968) point to the fact that the majority of people focus on

the ratings to each element and seem unaware that it is the relationship between these ratings with which the test is really concerned (Bannister and Mair 1968). At the same time it is a technique which has been accepted and enjoyed by children in previous studies (Ravenette 1964, Salmon 1969, Applebee 1976).

Since a major concern of the study was to examine clients' self concept it was important that whatever instrument was adopted should avoid any restriction of the terms of reference used in giving their responses. In this case the repertory grid has the advantage of allowing respondents to select the elements and the constructs to determine the strength of their response. Alternatively it allows the researcher to supply both the elements and the constructs to respondents under appropriate circumstances.

Pilot Study Of The Repertory Grid

It was therefore decided that the repertory grid technique could be usefully applied to evaluate attitude changes in clients over a period of time in Intermediate Treatment. The main areas of attitude change to be examined included; a) attitude towards themselves, b) attitude towards authority, c) attitude towards the family, d) attitude towards peers.

A pilot study on the application of the technique was felt to be essential for several reasons. First the pilot would permit an exploration into its suitability as a measure of attitude change amongst juvenile respondents. Second a small scale trial would serve to elicit constructs appropriate to the participants in Intermediate Treatment. Third, it was seen as a useful exercise serving to familiarise the researcher with its practical application.

The Application Of The Repertory Grid

In essence, repertory grids are a form of sorting test. They

differ from the conventional sorting tests in that there are no standard sorting materials or categories, nor is there any standard single form of administration or rating procedure. According to Bannister (1965) the repertory grid technique has two unique characteristics which are;

1. What is measured is the relationship between the sorting categories (constructs, ideas) for the subject and not the correctness of the sort.
2. They are so designed that statistical tests of significance can be applied to the performance of a single subject.

There are two major components in the construction of any grid test.

One of these components is the elements which are the objects to be sorted. Objects may be people whom the subject knows, the names of physical objects, or photographs of people and situations, depending on which construct system is being examined. The second component is the constructs, which are bipolar concepts defined in terms of personal construct theory. Constructs are sorting categories and generally take an adjectival form. Respondents are asked to score each of a list of elements in terms of each of a list of constructs. There are two major types of rating in a grid. In the first, subjects are required to use their constructs as pure dichotomies and allocate elements to one pole or other. In the second method subjects use their constructs as scales and rank order their elements.

Constructs can either be elicited from the subjects or supplied to them. Elicitation of constructs is undertaken by means of the repertory test (see above). The repertory test allows subjects to choose the terms which are significant to them. Elicitation requires the subjects to compare various triads of a list of elements, to find a significant way in which two of the triads are similar to each other and different from the third. With this method, a list of attitudes (constructs) could be

established.

The Pilot Study On The Repertory Grid

A repertory grid and a repertory grid test were piloted in two Scottish Intermediate Treatment projects. A group of 33 clients participated in the pilot study. Explanation of the procedure and the purpose of the grid was given to those who volunteered to take part in the study. Participants were given the opportunity to fill in the grid if they felt they were sufficiently competent to perform the task. On the whole respondents enjoyed completing the grid although for some it took a little time to grasp the procedure of comparing elements in triads. Some respondents found it difficult to express how they felt about certain elements. In general the repertory grid test was accepted by the respondents and was therefore adopted for use in the main study.

The Pilot Repertory Test

In view of the study's theoretical framework the elements chosen for both the repertory test and the repertory grid in the pilot study were people whom the respondents knew. Thirteen elements were provided in the repertory test which included; self as I am, father, mother, brother/sister, best friend, girl/boy friend, happy person, someone in authority, person I like, person I dislike, self as I should like to be (see Appendix 4). Respondents were required to compare various triads from the list of 13 elements. A total of 50 constructs were obtained from the pilot sample (see Appendix 5). Content analysis was carried out on the elicited constructs and classified into three broad categories following procedure developed by Duck (1973). The three categories of

constructs included:

1. Affective or psychological constructs - which are those which describe the character, personality or cognitive attributes of an individual.
2. Interaction constructs - which are the ones which relate to personal relationships and interactions of people around them.
3. Role constructs - which are those concerned with the habitual activities or roles of individuals.

The results of the repertory test indicated a strong stress by respondents on affective and interaction constructs in their elicitation. With the view that constructs selected from the pilot study should bear some relevance to the purpose of the enquiry, ten constructs were selected from the pilot study for the repertory grid in the main study. These included; helpful, keeping out of trouble, easy to get on with, happy, can be trusted, kind, confident, liked by others, clever and understanding.

The Pilot Repertory Grid

In the pilot repertory grid, respondents were given a 13 by 15 grid. The thirteen elements in the grid were the same elements as in the pilot repertory test, and fifteen constructs were provided. Respondents were required to select each element against each of the constructs used as dichotomies (see Appendix 6). Several major drawbacks of the approach were highlighted in the pilot study.

First, most of the respondents had difficulty in understanding the meaning of some of the constructs provided on the grid. For example, 'lots of drive', 'feeling worthless' and 'aggressive' were the ones subjects found difficult to construe. In order to avoid clients misconceiving the meanings of some of the constructs, it was essential that constructs should be easily comprehended by respondents.

Second, the repertory grid used for the pilot study required subjects to say whether each of the list of elements (role titles) belonged to the emergent or the implicit (contrast) pole of each construct. Often subjects found it hard to construe certain elements in extreme opposites. The dichotomous scoring method did not impose a sufficient demand for careful consideration by respondents. Statistical difficulties would also be encountered with dichotomous scores. If subjects are permitted to rate as few or as many elements as they prefer for each pole of each construct, this could result in heavily 'lopsided' lines with either very few ticks or very few blanks. The limitations of the dichotomous scoring method highlighted in the pilot study suggested that a rank ordering method would be more amenable. One of the advantages of rank ordering is that it offers a more interesting task for participants to place elements in a continuum between two opposite poles.

Problems also existed in the role titles (elements) in the repertory grid during the pilot. A number of youngsters included in the pilot had difficulty in identifying thirteen different people who they knew and could significantly fit into the list of role titles provided in the grid. Some participants found it hard to construe a person they knew for the role titles 'a successful person' and a 'person in authority'. The role titles of 'best friend' and 'person I like' tended to be construed as the same person by some respondents. In view of the above constraints, it was thought that the number of role titles could be reduced to ten. The role titles of 'person I like', 'person I dislike', 'successful person', 'happy person', and 'person in authority' were replaced by the role titles 'a sad person' and 'teacher'. (see Appendix 7).

A final observation in the pilot study related to the sorting method. In the pilot study, respondents wrote the names of the persons they had nominated above each role title provided in the questionnaire. By this

method some respondents had the tendency to confuse some of the people they were comparing. An alternative approach was necessary in order to prevent possible confusion in the main study. It was thought that the adoption of a card sorting procedure would be an appropriate alternative. In the main study, respondents were handed cards with the names of the persons representing the roles in question written on them. The cards offered a simple and effective means for respondents to compare different people. This method was comprehensible to respondents who had difficulty in reading and writing.

Main Study Interviews

Interviews With Clients

Clients from the eight Intermediate Treatment projects included in the study were interviewed twice. The first interview was carried out when a client first attended a project, generally during the second week of their attendance. A second interview was undertaken after a period of three months had elapsed. Both interviews took place at the Intermediate Treatment project's premises. Practitioners were informed when particular clients were to be interviewed in order that the clients' co-operation with the study would not unnecessarily disrupt their programme of activities.

First Client Interview

The first client interview involved the completion of a semi-structured interview schedule and the repertory grid. The repertory grid was used to evaluate clients' attitudes towards themselves, authority, their

families and peers. The grid was made up of ten elements and ten constructs and respondents were asked to rank each element with each construct provided.

The interview schedule was designed to obtain information of the clients' initial reactions to Intermediate Treatment, their expectations and perceptions of the function of Intermediate Treatment, and their attitudes towards six specific problem areas. These areas comprised the following; 1) relationships with adults, 2) relationships with peers, 3) relationships with family members, 4) school problems, 5) use of leisure time, and 6) delinquent behaviour. The latter of these areas involved obtaining a client's account of delinquent behaviours committed over a three month period prior to their attendance at the project (see Appendix 8).

Second Client Interview

The second client interview was of a similar format to that of the first and comprised of a structured interview schedule and a repertory grid. The repertory grids used were identical for both interviews.

The content of the semi-structured interview schedule was similar for both first and second interviews. The second interview included two additional sections concerning the clients' perceptions of the emphases of Intermediate Treatment and an evaluation of their experience in Intermediate Treatment.

The section dealing with the emphases of Intermediate Treatment was designed to assess clients' views of the activities provided by their Intermediate Treatment project. In order to assess the views two lists which included sixteen statements referring to the major components of Intermediate Treatment were compiled. Respondents were required to rate the degree of importance of each statement on two counts. The first

rating referred to the client's view of how important an emphasis was to their Intermediate Treatment project and the second how important the emphasis was to the client himself.

A list of twelve activities frequently offered by Intermediate Treatment projects was constructed. Clients were asked to rate the usefulness and adequacy of each activity on a scale.

The section of the schedule referring to the effectiveness of Intermediate Treatment involved questions covering the usefulness of a project's activities and achievements made by the client during the period of his attendance. Factors which the client saw Intermediate Treatment had failed to provide were also explored (see Appendix 9).

Interviews With Practitioners

Members of the staff who were thought to be most influential in the project were asked to complete a questionnaire on their project's functions and emphases. These questions were structured versions of those included on the client's questionnaire. The questions included on the practitioner's self completion questionnaire covered three main areas;

1. Practitioner's Previous Experience. Questions in this area were directed to elicit the practitioner's position in relation to the Intermediate Treatment project and to provide a description of previous experience.
2. Practitioner's Perspectives Of Functions Of Intermediate Treatment.

Six major categories of functions of Intermediate Treatment were compiled from official documentation related to the Intermediate Treatment projects included in the study and from discussion with practitioners.

The categories of functions were;

- a. Treatment
- b. Occupation
- c. Punishment
- d. Compensation
- e. Youth club
- f. Community work

For each of the above categories two function statements were developed. Thus a list of twelve function statements was included in the interview schedule. Respondents were asked to rank these functions in order of their importance to Intermediate Treatment (see appendix 10).

3. Practitioner's Perspective Of Project Emphases. Two lists of sixteen project emphases similar to those included on the client's questionnaire were presented in the practitioner's questionnaire. Respondents were asked to rate the extent to which their project adhered to each emphasis. Practitioners were also given a list of Intermediate Treatment activities identical to those on the client's interview schedule and asked to evaluate each in terms of how useful and adequate they were for their project.

Other Documentation And Information

Information and documentation were obtained through some of the projects client referral records. The main areas of information included;

- 1. General background information on individual clients
- 2. Reasons for and sources of client referral
- 3. Clients' progress reports on their attendance at the project
- 4. General information on the project including its official objectives and structure of provision etc (see Appendix 11)

The Main Study Sample

Project Sample

Eight Intermediate Treatment projects, two selected from each of four Scottish local authorities, were included in the study. In order to ensure anonymity of respondents for the purpose of this report the Intermediate Treatment projects are referred to as projects A to H. Projects located in the same local authority are lettered consecutively ie, A & B, C & D, E & F, G & H. All the projects differed from each other in certain respects, particularly in terms of staffing, group structure, and modes of client referral. The characteristics of the different projects are fully described in chapter 4.

Client Sample

Because of the constraints brought about by the methods of client referral and the theoretical requirements of the study, the criterion for including a client in the study was that they should have been newly referred to the project. Two of the projects had been set up shortly before the start of the study and therefore all of their clients satisfied the recruitment criterion. A total of 102 clients were recruited to the study and undertook a first interview.

The client sample were aged between 10 and 16 years, with an overall mean age of 14 years (Table 1.). One project catered for clients of a single sex while the clientele of the remainder were of both sexes. The majority of clients interviewed were males (76/102). Source of client referral differed between the eight projects. The most frequent referral source was the local social work department.

Table 1.

Numbers Of Client Respondents Completing First And Second Interviews By Age, Sex And Project.							
Project	Male	Female	Age Range	Age Mean	Completed 1 st Interview	Completed 2 nd Interview	
A	13	4	12-16	14.3	17	12	
B	15	/	12-15	13.7	13	15	
C	5	3	13-16	14.6	8	8	
D	10	5	10-14	12.3	15	12	
E	8	3	14-15	14.6	11	8	
F	11	5	12-16	13.9	16	13	
G	3	5	14-16	14.9	8	7	
H	11	1	14-15	14.6	12	10	
Total	76	26	10-16	14.1	102	83	

Further description of the client sample is provided in chapter 5.

Of the 102 clients recruited to the study 83 completed a second interview after they had been in Intermediate Treatment for a period of three months (Table 1).

Practitioners Sample

All the project staff who came into contact with clients included in the study were recruited as respondents. A total of 40 practitioners were thereby recruited and completed a questionnaire. Most of the sample were Intermediate Treatment practitioners though in two projects were project staff employed as teachers. In one project a member of the domestic staff was included in the practitioner sample. She was viewed by other staff members as part of the Intermediate Treatment 'team' and was frequently involved in group discussions at the project. One social work student was also recruited to the sample as she had spent a long time with the project as her practical placement. Other grades included in the sample were part time and full time volunteers and project co-ordinators (Table2).

The majority of staff included in the sample had a background of youth and community or social work. A small number had experience in teaching, clerical and manual work prior to their involvement with Intermediate Treatment (Table 3).

Table 2.

Grade Of Project Staff By Centre.

Project	Co-ord- inator	I.T. Worker	F/T Vol- unteer	P/T Vol- unteer	Teac -her	Stud- ent	Domes- tic	N
A	1	3	-	1	-	-	1	6
B	1	3	-	1	-	-	-	5
C	-	1	1	1	-	-	-	3
D	1	2	1	-	-	-	-	4
E	1	-	-	2	-	1	-	4
F	1	1	4	-	-	-	-	6
G	-	3	-	-	2	-	-	5
H	1	5	-	-	1	-	-	7
Total	6	18	6	5	3	1	1	40

Table 3.

Project	Practitioners Previous Employment By Centre			
	Youth & Community /Social Work	Teaching	Other	Total
A	5	-	1	6
B	5	-	-	5
C	1	1	1	3
D	1	2	1	4
E	3	1	-	4
F	6	-	-	6
G	-	1	4	5
H	3	4	-	7
Total	24	8	8	40

CHAPTER FOUR

THE PRACTITIONERS' PERSPECTIVE OF INTERMEDIATE TREATMENT

The Practitioners' Perspective Of Intermediate Treatment

Prior to considering the practitioners' view of Intermediate Treatment the settings of each of the projects included in the survey are described. Differences existed between the projects in terms of their location, premises, composition of their client groups and their sources of funding. The following description of the eight Intermediate Treatment projects is based on literature and reports produced by the projects themselves and on the experiences of the researcher as a participant observer. For reasons of confidentiality the projects are referred to as projects A to H.

Project A

Project A was developed as part of a community project serving two council housing schemes. The project was grant aided under the urban renewal unit of the Scottish Development Department. Accommodation consisted of a purpose built community centre in the middle of a council housing scheme. The centre had been modified to some extent to suit the needs of the project. When the project was created it was anticipated that parents and local people with an interest in youngsters would participate in its work. The catchment was restricted to a small geographical area to facilitate the development of links with the local community. In order to promote a sense of the project being part of the community, certain quarters of the building were used by some local community groups.

The Intermediate Treatment project catered for youngsters in the age group 12 - 16 years. The main source of referral to the project was through local social work team and the school which served both housing schemes.

The project operated two Intermediate Treatment groups; each consisting of ten children, and met twice a week from 4 pm to 8 pm. Individual members of the groups were reviewed every three months. The duration of stay for each child was three months. The project was staffed mainly by Intermediate Treatment workers all of whom had extensive previous social work and youth work experience. Apart from the full time Intermediate Treatment workers there were also one or two social work students who were on a particular work placement and voluntary workers.

The range of activities provided by the project was varied and included activities such as cooking, table tennis, painting, sewing, camping and a variety of outdoor activities. There was a definite emphasis in the project on the dynamics of self examination, group discussion and inter-personal activities. The programme for the evenings was very much seen to be semi-structured. Often activities for the following group meeting were decided by members of the group through a lengthy discussion at the end of each session.

The official aims of the project were:

1. To help youngsters who are in need of help with inter-personal difficulties.
2. To divert youngsters from List D schools.
3. To give youngsters a chance to mature.
4. To improve youngsters' self image and esteem.

Project B

Project B was initiated as part of the Intermediate Treatment development scheme through a social work area team which was located in

the centre of a suburban town. The project had the use of the community room of the social work area team's office. It consisted of two groups, each of which catered for eight youngsters of different age range. One group consisted of youngsters between the ages of 11 and 14 and the second of 14 to 16 year olds.

Each of the two groups met for two hours each week. The younger group met from 4.30 pm to 6.30 pm while the older met from 7 pm to 9 pm. The duration of membership for both groups was twelve weeks. The main source of referral to the project was from the social workers of the area team. The project was run by two social workers, two social work students and voluntary workers. The groups were very much activity centred. With the restriction of the amount of space available to the groups, most of the activities were organised outwith the social work office. Decisions about what activities to undertake were made during group meetings between the youngsters and the staff each week. On the whole there was very little structure in the activities, this being partly due to the limited options available within the building where the project was located and the fact that certain outdoor activities would only be possible if the weather permitted. Included in the twelve weeks programme was a residential experience for the children, usually a weekend away camping. The purpose of the activities offered to the youngsters in the project was seen by the coordinator:

"First, as new experience in itself, and second, as a process of decision making, shared enjoyment, responsibility and acceptance of rules."

The project expressed its aims in one of the official reports as follows:

1. To help children with emotional, social, development difficulties to develop and maintain relationships with peers and adults.
2. To help children through the process of discussion; activities; formal and informal social education to share decision making; responsibility; control; acceptance and tolerance.

Project C

Project C was part of the social work department and was funded initially through the Scottish Department Urban Renewal Unit (75%) and the Regional Council (25%). The project was based in an old detached house in one of the original list of 114 areas of deprivation in Scotland. The staffing of the project included a project co-ordinator, two full time Intermediate Treatment workers and voluntary workers.

Thirty two children were involved at any one time in small groups. There were altogether three groups, two of which met once a week and one meeting twice a week over a 6 month period. This includes two short residential periods, where youngsters were taken away camping or to a youth hostel. The main referrals came from social workers, school, child guidance, parents and children themselves. All attendance was voluntary and again the project was activity centred. An evening at the project started after school at about 4 pm, the children at nearby schools walked in while the others were collected by the Intermediate Treatment worker in a minibus and the evening finished at about 9 to 9.30 pm, when all children were delivered home. Activities included a meal in which staff and children all joined, after which the children joined various activities from card games to role playing. Each session had a meeting at the end of the evening which varied in length from five minutes to half an hour in duration. One of the most common themes of the group meeting was deciding how to spend the group's time.

Apart from the contacts with the children at the project, project staff had a strong commitment to having regular contacts with the families of their clients. The project co-ordinator described their work as follows:

"During the day we'll be with parents, social workers, schools - you name it, we hope that other people are going to be in our building too, like mums and toddler groups."

The general philosophy of the project as stated in the projects official documentation was as follows.

1. To be further resource and stimulus for work with 'at risk' children.
2. To be involved with as many as possible of the factors that have a bearing on a child's life and development, eg. family; school; housing; employment; health services; community related services; police and associated services.
3. To develop/change working models to maximise effectiveness.
4. To be seen to be achieving our aims by child; family; community; the rest of the social work department and other bodies with whom we are involved.

Project D

Project D was one of a number of Intermediate Treatment projects initiated by an Intermediate Treatment team under the auspices of the social work department of that particular region. The project was based in and had operated from a local vacant school building in a deprived area, since 1977. The main source of referrals was from the area team social work department and children from the locality also often referred themselves to the group. One of the Intermediate Treatment practitioners in the project felt that a major problem of the project was that:

'Despite the team's commitment to continuing work with small Intermediate Treatment groups, increasing frustration is felt by the fact that a constant stream of children refer themselves to Intermediate Treatment workers and under the present system of work the team is unable to provide any facilities for these children'.

The project operated three Intermediate Treatment groups which involved 40 plus youngsters of mixed age groups at any time. The groups met once per week and membership was for a minimum of six months or longer. All attendance according to the project co-ordinator was voluntary.

As he put it:

'Client take up is high, often more difficult for the team to phase children out of groups than to get them involved at the start.'

This was seen by the Intermediate Treatment team as a serious problem due to the fact that the project was in the middle of a grossly deprived and disadvantaged area. The two main schemes which existed in the area for the provision of recreational facilities were a local community education centre and the Intermediate Treatment project, apart from this no other outlets were available for youngsters. A member of the staff in the Intermediate Treatment project pointed out that:

'Intermediate Treatment groups at present cater for the select few who have been identified primarily by statutory agencies as being in need of Intermediate Treatment resources. There exists a substantial body of children perhaps unknown to officialdom who also identify the need for Intermediate Treatment resources but whose needs tend to go unrecognised and unmet.'

The groups were run by two full time Intermediate Treatment practitioners, social work students and voluntary youth workers. The groups were again activity based. Because of the wide use of the school building the groups were able to offer youngsters a variety of indoor based activities. Indoor activities included watching television, woodwork, cooking, basketball, table tennis and car maintenance etc.. The groups were also involved in a variety of outdoor activities. Programme activities of the groups alternated every fortnight. One week the group would spend in the group premises and the next week there would be an outing or an activity away from the project. On the whole the groups were seen to be varied from semi-structured to unstructured. There was again a definite emphasis on group discussions and inter-personal activities. Most evenings would be ended by a short group discussion where urgent issues concerning members of the group, crises which arose during the

evenings or some unresolved decisions such as where to go the following week were brought up at the group meeting.

Project E And F

Both project E and F were initiated and funded by the same regional social work department. Intermediate Treatment largely took the form of a range of activity programmes run by the two projects. Although the staff from the two schemes operated as a unit for the purpose of referrals and overall policy making, each project operated a variety of programmes and had its own aims and methods quite independent of the other. About forty children were attached to each project at any one time. Children were referred from a hearing through a social worker, direct from social workers case loads and they also referred themselves having heard of the project through the 'grapevine'. As one of the practitioners pointed out

"We allow the involvement of a minority of self referred kids, usually 25%. They come as friends of the others, on having heard about the place. Needless to say, many of these kids are just as much in need as our official referrals. Those who are socially more competent provide a useful presence in the groups, and their involvement keeps the project from being labelled as a bad boys and girls club."

Each project was staffed by two full time workers, social work students and volunteers. The length of children's involvement was open ended, but the average stay was about six months, and each group met one evening per week.

Project E

Project E was based in a former dwelling house about five miles away from the city centre. Often children attending the groups felt it was

a bit out of the way to get there from their homes. This also meant that often Intermediate Treatment staff had to collect the children from home and deliver them back after an evenings activity. As compared with Project F, the activities in project E were a lot more structured. There were specific activities programmed for each evening, and each session would terminate with a long group discussion about issues concerning the group as a whole or its individual members.

The official objectives of project E, as stated in one of the project's progress reports ranged from the general to the specific and included:

1. To provide a more intensive form of supervision and care for young people than is possible in the office interview situation.
2. To create groups with constructive goals which are attractive to hard to reach youngsters and which can hold their interest and involvement.
3. To challenge each group with projects that it can accomplish and to utilise the inevitable problems that occur as opportunities for encouraging the development of useful and constructive patterns and group interaction.
4. For each individual to encourage self esteem and the growth of skills and knowledge.

Project F

Unlike project E, project F was based in the middle of a council estate in a building which used to be the matron's cottage of an old peoples home. Most of the children in the project were from round about, thus very little transporting and delivering of children was involved. The groups were activity centred with very little structure in the group activities. Another characteristic of the project was the use of volunteers; at times the majority of staff were part time voluntary youth workers. The project had adopted a similar style in its approach to a youth club. There were also comparatively more self-referred youngsters, which was thought to be attributable to the fact that the project was in the centre of an area with little leisure and recreational facilities for the local young people.

The projects aimed to:

1. Capture young peoples' interest and voluntary involvement in a club which they can identify with.
2. Change their view of themselves as failures through experiences of success and involvement in activities with constructive goals.
3. Encourage the development of social skills group problem solving, self awareness, working out behaviour limits based on consequences and awareness of the human face of adult authority.

Project G

Project G was initially a day unit first set up as a child guidance facility under the education department, an educational provision for maladjusted teenagers in the 14 plus age range, with one teacher and 4 pupils. The unit did not have its own premises but had the use of several rooms in a local leisure centre. Within the child guidance service and the educational department directorate, there was an awareness of a number of teenagers who were persistently truanting or suspended from school. There was also the recognition that no community based provision was available to them, as an alternative to ordinary day school. As the project organiser pointed out:

'After they were sent away from home to list 'D' schools etc. Intermediate Treatment was seen to be able to full this gap in provision.'

Thus application was made to the Manpower Services Commission and in April 1977 the project was staffed by eight group workers and the two teachers were financed by the job creation scheme.

The project caters for two mixed groups of 10 to 15 and 12 to 16 year olds, which met each day from 9 am to 3 pm. Due to a fire at the local leisure centre the project was moved to other premises which offered the project the use of the whole of an old mansion.

The majority of the referrals were through the social work department,

school and child psychologists from the child guidance service. The participants in the project were involved in a wide range of subjects and activities. These included a variety of basic school subjects plus a number of art, craft and leisure interests, for example, maths, English, drama, cookery, model making, sculpture, photography and visits to places of interest.

The working day for the youngsters in the project seemed to have more structure as compared with the other Intermediate Treatment projects. This was particularly true at the beginning, when the project was sharing accommodation with the local leisure centre. There was restrictive use of facilities such as the games hall which was not always readily available. Another obvious difference in terms of activities was that project G was one of the only two out of the eight projects studied which offered some form of remedial teaching on school subjects. The youngsters involvement in basic school subjects appeared to be an important part of their daily programme. Finally in terms of staffing, the project was headed by qualified teachers and youth workers through job creation. The duration of a child's attendance was open ended with each child's case being reviewed at three monthly intervals.

The nature of the project's activities, its structure and formality could be seen to reflect the influence of the Educational Department and Child Guidance Service. The staff of the project listed 13 aims which they saw as being fundamental to their way of working with children in Intermediate Treatment. These included the following:

1. Improvement of self image.
2. Improvement in confidence in coping socially with peer group and adults.
3. Development of particular skills and interests through emphasis on strength and sympathetic remediation of weaknesses.
4. Channelling energy to positive rather than negative ends.
5. Provision of new experiences.
6. Giving of responsibility leading to action-orientated initiative-taking.
7. Building up a habit of school attendance.

8. Encouragement of self motivated learning.
9. Providing experience of good relationships with adults.
10. Improvement in decision making.
11. Education in "affective" as well as "cognitive" development.
12. Improving ability to cope with "authority" without being apathetic or aggressive.
13. Work towards achieving effective participation in the community and society at large.

Project H

Similarly, project H was also part of the initiative of the Child Guidance Service under the Education Department and also part of the job creation scheme for Intermediate Treatment. The philosophy of the scheme was centred around the view that many young people who were committing offences or who were likely to commit offences in future, were not suited for residential treatment in list 'D' schools. These young people were frequently only part of a complex problem involving not only them but their families, their community and the whole environment in which they live. The Child Guidance Service was concerned at the time that when these young people were placed in list 'D' schools, they frequently behaved well while they were there but reverted to their previous difficult behaviour immediately they returned home. Thus the Child Guidance Service saw the need for treatment of these young people to be applied in their own communities, otherwise they were being given help only in an artificial situation and were not taught to cope with the pressures of life. The project was initiated as an attempt to fill the gap existing between home supervision by the social work department and residential supervision at a list 'D' school.

Intermediate Treatment project H was put into operation in 1977. The staff consisted of two qualified teachers and eight youth workers appointed under the job creation scheme. The project catered for thirty young people who were of school age and post school age. The sources of referral were similar to project G, where young people were referred

from the Child Guidance Service, which involved the local school and social work department.

The project opened from 9.30 am to 3 pm each day from Monday to Friday and two evenings per week. Activities were also organised for most weekends. There was also a strong emphasis on visiting children in their own homes. The day in the project was highly structured, the younger group attended from 9.30 am to 1 pm, and the older group from 12.30 pm to 3 pm, with both groups having lunch with the staff at the project. Similar to many Intermediate Treatment projects, project H offered a variety of activities to its clients. Like project G each child had a fixed period during his/her attendance devoted to formal educational work with an individual member of staff. One of the official functions stated in the project's report was on remedial education, ie, "Helping individuals who are in need of a great deal of basic educational help." The evening sessions operated as a kind of youth club, with one evening being reserved for younger children and the other for the older age group. Duration of membership with the project was open ended and a periodic review of individual cases was carried out. Similar to project G, project H suffered from the uncertainty of not knowing that the job creation grant would run out, although there was a possibility that an extension might be arranged.

Practitioners' Perspectives Of Intermediate Treatment

As mentioned in the previous chapter all the project staff who came into contact with clients were included in the study. A sample of forty practitioners gave their response to a self administered questionnaire. The majority of staff included in the study were Intermediate Treatment

workers. Most of the staff had a background of experience in youth, community and social work (Table 4). Practitioners' views towards the following three main areas of Intermediate Treatment were explored.

1. The functions of Intermediate Treatment.
2. The emphasis in Intermediate Treatment.
3. The activities in Intermediate Treatment.

Functions In Intermediate Treatment - Practitioners' Perspectives

Two lists of six statements of Intermediate Treatment functions were listed on the questionnaire and respondents were asked to rank them in order of importance (Appendix 10). The six categories of Intermediate Treatment functions were:

1. Treatment
2. Occupation
3. Punishment
4. Compensation
5. Youth club
6. Community work

The results showed a high level of agreement between all practitioners included in the study, that 'treatment' was the most important function of Intermediate Treatment. Most practitioners saw punishment as the least important function of Intermediate Treatment (Table 5).

This finding is similar to those of a recent study of Intermediate Treatment in England (Jones 1980). In Jones' study of consumers and social workers perceptions of Intermediate Treatment, it was found that social workers stressed the importance of treatment as a function of Intermediate Treatment. Jones further argued that treatment was seen by social workers 'to be necessary as many of the adolescents were seen to be disturbed or distressed by events or relationships within their families, and these were seen to be exacerbated by the hostile attitudes of extra-familial adults like the police and teachers.'

In the present study most practitioners saw the most important aspects of Intermediate Treatment as being to:

Table 4.

Grade Of Project Staff By Centre. (n=40)								
Project	Coordin- ator	I.T. Worker	Full Time Volunteer	Part Time Volunteer	Teac- her	Stud- ent	Domes- tic	Tot.
A	1	3	-	1	-	-	1	6
B	1	3	-	1	-	-	-	5
C	-	1	1	1	-	-	-	3
D	1	2	1	-	-	-	-	4
E	1	-	-	2	-	1	-	4
F	1	1	4	-	-	-	-	6
G	-	5	-	-	2	-	-	5
H	1	5	-	-	1	-	-	7
<hr/>								
Total	6	18	6	5	3	1	1	40

Table 5.

Practitioners' Ranking Of Importance Of Six Functions
Of Intermediate Treatment By Project. (n=40)

Function	Project							
	A	B	C	D	E	F	G	H
Treatment	1	1	1	1	1	1	1	1
Occupation	3	3	5	5	3	3	2	4
Punishment	4.5	6	6	6	6	6	6	6
Compensation	2	4	4	2	2	2	3	3
Youth club	6	5	2.5	4	5	5	5	5
Community work	4.5	2	2.5	3	4	4	4	2

(Kendall's W = .793, P = < .01)

1. develop and strengthen youngsters' personality and potential.
2. help youngsters develop greater self esteem and self awareness.

The functions such as containing and controlling the behaviour of youngsters, and the reduction of delinquent behaviour in society, were viewed by practitioners as being of a low priority in Intermediate Treatment.

Emphasis Of Intermediate Treatment Projects - Practitioners' Perspectives

In the area of Intermediate Treatment emphasis practitioners were presented with two lists of emphasis factors similar to those in the client's questionnaire. As explained above the sixteen emphasis factors were derived from the four emphasis categories which included: 1) Control, 2) Interpersonal, 3) Personal, and 4) Instrumental emphases. Similar to the client's assessment procedure, practitioners were required to choose six emphasis factors which they saw their projects as placing a great deal of emphasis upon, and six emphasis factors which they saw their projects as placing least emphasis on (Appendix 10).

The findings showed that practitioners' views were consistent between the eight projects included in the study. The majority of practitioners saw the personal and interpersonal emphases as the main aim of their project (Table 6). An average of 56% of all choices accorded by practitioners as the 'most important' emphasis were under the "personal" emphasis category. The 'control' and 'instrumental' emphases were seen by practitioners as having very little importance.

As few as 3% and 6% of practitioners' choices were accorded to 'control' and 'instrumental' emphases as being important emphases in their projects. Practitioners from five of the eight projects had not chosen any of the 'control' emphasis factors as important in their projects.

Table 6.

Project	Practitioners' Choice Of Emphasis By Centre (N = 40)			
	Interpersonal Emphasis	Personal Emphasis	Instrumental Emphasis	Control Emphasis
A	10 (28%)	22 (61%)	2 (5.5%)	2 (5.5%)
B	13 (43%)	16 (53%)	1 (2%)	0 (0%)
C	4 (22%)	12 (67%)	2 (11%)	0 (0%)
D	9 (38%)	14 (58%)	1 (4%)	0 (0%)
E	10 (42%)	12 (50%)	2 (8%)	0 (0%)
F	12 (33%)	18 (50%)	4 (11%)	2 (6%)
G	11 (37%)	17 (57%)	2 (6%)	0 (0%)
H	12 (29%)	23 (55%)	4 (9%)	3 (7%)
Averages	34%	56.4%	7%	2%

Perceived Value Of Intermediate Treatment Activities

A list of twelve Intermediate Treatment activities similar to the ones included in the client's interview schedule were included in the practitioner's questionnaire. Practitioners were asked to select from the list of activities three which they saw as most valuable to their clients and three activities which they saw as having least value to their clients in Intermediate Treatment. The activities most frequently selected as being most valuable included group discussions, excursions and counselling. Group discussions were chosen as one of the most valuable activities by most (37/40) of the practitioner respondents (Table 7). None of the practitioner respondents saw any value for their clients in 'making rules and regulations'.

Summary

There were certain common characteristics amongst the eight projects included in the study. Most projects had a mixed client group of both sexes with the exception of a single project. The duration of clients' attendance at a project was similar throughout the eight projects and varied from three to six months.

Most projects appeared to be semi-structured with the exception of the two projects under the Education Department in which programmes were very structured and had a great emphasis on remedial education. For these two particular projects client participation was more frequent and was of longer duration than the other projects in the study. Although the kinds of activities carried out by the projects varied widely, on the whole group discussions seemed to be a highly valued and frequent activity among the projects (Table 8).

Table 7.

Numbers And Proportions Of Practitioners' Mentioning
Activities As Having High Value. (n=40)

Activity	Number of Practitioners	Proportion
Group discussions	37	.92
Excursions	21	.52
Counselling	20	.50
Crafts	10	.25
Home visits	8	.20
Social education	8	.20
Trips	6	.15
Indoor games/sports	3	.07
Teaching	3	.07
Free activity	3	.07
Outdoor games/sports	1	.02
Making rules & regulations	0	.00

TABLE 8

Summary Of The Characteristics Of The Projects :

PROJECT	AGE GP.	SEX	CLIENT IN STUDY	GP SIZE	DURATION OF GROUP	FREQUENCY	STRUCTURE	ACTIVITIES EMPHASES	REFERRAL SOURCE	STAFFING	FUNDING
A	12-16	mixed	17	10	3 months	4-8pm twice per week	semi- structured	gp.discussion, interpersonal activities.	social work dept., school.	I.T.practitioner social work voluntary worker student.	Scottish Develop- ment project.
B	11-16	male	15	8	3 months	2 hrs/week	unstructured to semi- structured.	outdoor & indoor sports & activities.	social work dept.	social worker, voluntary worker student.	social worker area team.
C	13-16	mixed	8	12	6 months	4 hrs/week	semi- structured.	gp.discussion, role play, outdoor- activities.	social work dept.; school; child guidance child panel.	I.T.practitioner voluntary worker	Scottish Develop- ment project.
D	10-14	mixed	15	10-15	6-12 months	2 hrs/week	unstructured to semi- structured.	gp.discussion, indoor&outdoor activities, interpersonal activities.	social work dept., self- referral.	I.T.practitioner voluntary worker student.	social work dept.
E	12-16	mixed	11	15	6months or longer.	4 hrs/week	structured to semi- structured.	gp.discussion, indoor & out- door sports and games.	social work dept.; school; child panel; list D school	I.T.practitioner voluntary worker student.	Regional social work dept.
F	12-16	mixed	16	20	6 months	4 hrs/week	semi- structured to unstructured.	indoor games & activities.	social work dept.; school; child panel; list D school self-referral	I.T.practitioner social worker; voluntary worker student.	Reginal social dept.
G	10-16	mixed	8	15	open-ended average- 3 to 6 months	9am to 3pm daily, 5 days/week.	structured	remedial teaching; in- door activities	child - psychologist school; social work dept.	teacher; group worker.	Education Dept. (Child Guidance Service.)
H	10-16	mixed	12	15	open-ended average 3 to 6 months.	9am to 3pm daily, 5 days/week.	structured	remedial teaching; indoor- activities.	child- psychologist; school; social work dept.	teacher; group worker	Education Dept. (Child Guidance Service.)

Most practitioners in Intermediate Treatment had some experience of social work, community work and youth work, with the exception of two projects (under the Education Department) where the majority of staff were trained teachers.

Findings on the practitioners' views concerning the functions of Intermediate Treatment showed that a high level of agreement existed between practitioners. All practitioners in the study saw 'treatment' as the most important function of Intermediate Treatment whereas 'punishment' was seen as the least valued function. Similarly practitioners' views of the emphasis of Intermediate Treatment were again consistent between the projects in the study. For all eight projects the majority of practitioners saw the 'personal' and 'interpersonal' emphases as the most important emphasis of Intermediate Treatment, as compared to the 'control' and 'instrumental' emphases.

Finally, in relation to practitioners' views towards activities in Intermediate Treatment, 92% viewed group discussion as the most valuable activity for their clients. None of the practitioners saw 'making rules and regulations' as being beneficial for their clients.

CHAPTER FIVE

THE CLIENT SAMPLE: BACKGROUND AND PERSONAL CHARACTERISTICS

Clients' Background And Personal Characteristics

Information on the background and personal characteristics of the adolescents who took part in the study were explored. The main focus on adolescents' background and personal characteristics included the following:

1. Demographic and social background, eg. age, sex and family circumstances.
2. School experience, eg. type of school attended, nature of any difficulties at school and level of attainment.
3. Involvement with social agencies, eg. reason for involvement, experience, duration, and reason for supervision orders.
4. Previous history of offending and consequent institutional experience.
5. Current referral to Intermediate Treatment, eg. source and official reason for referral, and practitioners' intended objectives for client's Intermediate Treatment experience.

The above information was used to establish whether there were any marked differences between the backgrounds of clients from each of the eight projects. To compare clients' and practitioners' attitudes to Intermediate Treatment it was necessary to examine practitioners interpretation of their clients' problems and the reasons for their referral.

Information on the background of clients was extracted from their referral records held at the projects. Where information contained in a client's file was insufficient, practitioners were approached to complete the data collection schedule. Much useful information was obtained during discussion of individual cases with the practitioners. Each project had a different client referral procedure, and methods for recording information about clients differed from project to project.

Clients' Age

The age of clients ranged from ten to sixteen years with a majority

(70%) falling into the 14-15 year age groups. Only one client was ten years old. The clients of the two projects involved with the Child Guidance services were on average slightly older than those attending other projects in the study. (Table 9)

Sex Composition

Only one project (B) had an all male client group, all the other projects had mixed sex groups, although the proportion of each sex differed between projects. Of the total client sample 75% were male. (Table 9)

Family Circumstances

At the time of referral to Intermediate Treatment 40% of the client sample were residing with both of their parents and 60% either lived with a single parent, step parents, were adopted or were in local authority care. Of those who were not staying with both of their natural parents, the parents of 50% were separated, 26% were divorced and the remainder were either deserted and had no home or one of their parents was dead.

50% or more of the clients in six of the projects were from broken homes. The highest proportion of clients from broken homes was in project D. As noted previously project D was located in one of the most deprived areas in Scotland. The only recreational facilities near project D were a community centre and the Intermediate Treatment project itself. Most of the referrals to the project were from the locality. Project C had the lowest proportion of its clients from broken homes, although the project was located in an equally deprived area. However referrals to the project came from outwith the immediate locality. In several cases practitioners pointed to the fact that some of their clients' parents were splitting up or in the process of separation at the time of

Table 9.

Clients' Sex, Age Range And Average Age
By Project (N = 102)

Project	Age Range (Yrs)	Average Age	Sex		N
			M	F	
A	12 - 15	14.3	13	4	17
B	12 - 15	13.5	15	0	15
C	13 - 16	14.5	5	3	8
D	10 - 14	12.3	10	5	15
E	14 - 15	14.6	8	3	11
F	12 - 16	13.9	11	5	16
G	14 - 16	14.9	3	5	8
H	14 - 16	14.6	11	1	12

Total = 102

the client interviews. Also, it is possible that some of the clients who claimed to be living with both parents were in fact living with a separated parent (Table 10).

A great number of clients in the study belonged to large families. 83% came from a family with more than three children. 37% were from families of more than four children. Another factor which was examined in relation to family circumstances was home conditions. 70% of the sample were seen by their referral agencies as living in home conditions below average and 14% were seen to come from extremely deprived backgrounds. Deprivation was mainly related to financial difficulties, lack of financial resources and family unemployment. The findings in terms of family circumstances suggested that most of the sample came from a relatively deprived background with little parental and family support and perhaps experiencing various social and economic difficulties (Table 11).

Clients School Experience

A large proportion of the clients (50%) in the study were attending a secondary school at the time the study took place (Table 12). 28% of the sample had already been expelled from school when the study started. The remainder were either attending primary schools, special schools, list'D'schools, assessment centres or had already left full time education. Of those clients who had been expelled from school, 71% belonged to one of the two Intermediate Treatment projects involved with the child guidance services (projects G and H). As noted in the previous chapter these two projects were day centres specially for those children who failed to fit in with the mainstream education system.

Table 10.

Numbers Of Clients From Broken Homes By Project (N =60)

Project	Parents Divorced	Parents Separated	Death Of 1 Parent	Dessertion/ Homeless	Proportion Of Clients From Broken Homes
A	2	7	1	1	.65
B	2	6	-	1	.60
C	2	1	-	-	.38
D	4	5	1	1	.73
E	2	2	-	1	.45
F	1	4	-	3	.50
G	1	2	1	1	.63
H	2	3	1	2	.67
Total	16	30	4	10	

Table 11.

Clients' Home Conditions By Family Composition (N = 102)

Home Condi- tion	Living With Both Parents	Single Parent/Other	Broken Home		Family Size		
			Separa- ted	Divorce	Other	1	2 3+
Average	10	8	3	2	3	1	3 14
Below Average	26	44	20	12	11	2	10 58
Extremely Deprived	6	8	7	2	0	2	0 12
Total	42	60	30	16	14	5	13 84

Table 12.

Type Of School Attended By Clients							
By Project (N = 102)							
I.T. Project	Primary School	Secondary School	List 'D' School	Special School	Assessment Centre	Expelled School	N
A	0	13	0	4	0	0	17
B	6	9	0	0	0	0	15
C	0	7	0	0	0	1	8
D	0	11	0	0	0	4	15
E	0	8	0	0	2	0	11
F	0	12	1	0	0	3	16
G	0	0	0	0	0	8	8
H	0	0	0	0	0	12	12
Total	6	60	1	4	2	28	102
%	(6%)	(59%)	(1%)	(4%)	(2%)	(27%)	(100%)

School Problems

Information on the clients' problems related to school was obtained from the referral agencies report on the client. The findings showed the clients to have a number of problems and difficulties related directly or indirectly to school experience. The types of problems included the following:

1. Truancy.
2. Relationships with teachers.
3. Relationships with peers.
4. Bad conduct.
5. Problems with school work.
6. Failure to attend school regularly.

87% of the sample were found to have some kind of problem at school. No information was available on the remaining 13% (10/102). Of the 87% many were experiencing more than one of the problems listed above. The most frequently reported problem was truancy (67/102) and relationships with teachers (54/102). (Table 13). The average proportion of clients who had a history of truancy was 64% for each project.

The extent of school problems amongst the clients appeared to be proportionately higher in some centres. The average number of school problems for each client in projects A, D, G and H was more than 2. Clients from other projects had on average less than two school problems. In project A, 16 out of 17 clients had a record of truancy. Similarly, in projects D, G and H, a high proportion of clients had problems relating to truancy and attendance at school. The extent of clients' problems at school in the above four projects (A, D, G and H) was perhaps a reflection of the reasons for clients' referral in the first place. For instance, in project A, a large majority of clients were referred to Intermediate Treatment for reasons related to school problems (16/17). (Table 21). Similarly a high proportion of clients in projects D, G, and H were

Table 13.

The Nature Of Clients' Problems At School By Project (N = 102)

Project	Truancy	Bad Conduct	Teacher Relationships	Peers	School Work	Failed to Attend	No Information	N
A	16	6	10	4	0	0	0	17
B	10	2	4	4	2	0	1	15
C	5	2	4	2	0	1	1	8
D	10	3	11	1	3	1	2	15
E	8	1	6	1	1	1	1	11
F	9	1	5	0	0	2	5	16
G	4	3	6	2	0	4	0	8
H	5	8	5	0	3	4	0	12
Total	67	26	54	14	9	13	10	102

referred to the projects because of clients' problems at school.

Social Agencies Involvement With Clients

The extent and nature of the clients' involvement with social agencies was explored. This information was mainly obtained from the clients' referral records and from Intermediate Treatment practitioners. Practitioners were approached on this matter on account of the variations in referral procedures and different practices for documenting the client's progress found in each project. There was also a problem of missing information in clients' referral records.

The social agencies involved with clients included social work departments, child guidance, children's panel, reporter, police, assessment centres and child psychiatrists. Clients had most frequently come into contact with the social work department with the exception of those attending projects which involved the child guidance service, (projects G and H). Overall 79/102 clients had previously been known to a social work department, 32/102 had been in contact with the children's panel and 22/102 with the child guidance service. (Table 14).

The reasons for involvement of social agencies were related to delinquency in 71/102 cases, and to problems at school in 66/102 cases. Only 7/102 were involved with a social agency because of a personality problem and 9/102 because of disturbed relationships. All projects except G and H had over half of their clients involved with a social agency because of delinquent behaviour. (Table 15).

Client Supervision And Institutional Experience

Out of the 79 clients who had a previous involvement with a social work department 65 were on supervision orders, 53 had been on twelve months

Table 14.

Clients' Involvement With Social Social Agencies
By Project (N = 102)

Project Social Work Dept.	Child Guida- ance	Panel	Police	Repor- ter	Assess- ment Centre	Child Psych- iatry	None	N	
A	16	0	11	0	3	0	1	0	17
B	15	1	5	1	1	1	0	0	15
C	7	0	4	0	0	0	0	0	18
D	11	1	2	1	1	4	0	4	15
E	10	0	2	2	1	3	0	1	11
F	12	0	6	1	3	0	0	2	16
G	4	8	1	0	0	0	0	0	8
H	4	12	1	0	0	0	0	0	12
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Total	79	22	32	5	9	8	1	7	102
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Table 15.

Reasons For Clients' Involvement With Social
Agencies By Project (N = 102)

	Project School Problem	Family Problem	Personal Problem	Delinquency	Behavior	Relationships	Voluntary	N
A	11	5	2	16	5	2	0	17
B	9	3	2	14	5	1	0	15
C	7	1	0	5	1	1	0	8
D	8	5	0	10	1	0	4	15
E	5	2	0	7	1	0	1	11
F	6	7	0	13	2	0	2	16
G	8	2	1	3	5	0	0	8
H	12	2	2	3	7	5	0	12

Total	66	27	7	71	27	9	7	102
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and 12 on six month periods of supervision. Only 30/102 clients had never been subject to a supervision order. Centres run by the social work department had the greatest proportion of their clients under supervision orders. (Table 16). The two projects which were directed by the Child Guidance Service (G & H) had comparatively fewer clients under supervision order. The majority of referrals to projects G and H were from the education department and consequently most of their clients problems were interpreted as educational rather than social problems.

The reasons for supervision orders included school problems, family problems, delinquency, personality and behaviour problems. The most frequent reason for an order was delinquency (57/102). The second most frequent reason for supervision was school problems.(35/102). Some clients had multiple reasons for supervision. Projects run by the social work departments had more clients with family and behavioural problems than did the other projects.(Table 17). Clients attending the projects run by the child guidance service were under supervision mainly because of problems at school other than delinquency.

Client's Record Of Offending And Institutional Experience

Practitioners at some of the projects included in the study were reluctant to divulge information about their clients' criminal record and experience of institutions. Consequently most of the information obtained in this respect was from referral records and the clients themselves. Of the client sample 74/102 had a record of offending. The most common type of offence committed by the clients was theft (44/74).(Table 18). There was no significant difference in clients' criminal background between projects.

Table 16.

Social Work Department Supervision of Clients And
Duration Of Attendance By Project

Project	No Supervi- sion	6 Months	12 Months	No Inform- ation	N
A	5	1	11	0	17
B	4	3	8	0	15
C	0	2	6	0	8
D	2	3	6	4	15
E	4	1	5	1	11
F	4	2	8	2	16
G	4	0	4	0	8
H	7	0	5	0	12
Total	30	12	53	7	102

Table 17.

Reasons for Clients' Supervision Orders by Project

Project	No Supervi- sion	School- Problem	Family- Problem	Persona- lity Disorder	Delinqu- ency	Behavi- our Problem	No Inform- ation	N
A	5	7	0	0	12	2	0	17
B	4	4	2	1	11	2	0	15
C	0	4	3	0	5	3	0	8
D	2	4	2	0	9	1	4	15
E	4	5	1	0	5	1	1	11
F	4	3	0	0	10	0	2	16
G	4	4	0	0	3	1	0	8
H	7	4	0	2	2	0	0	12
Total	30	35	8	3	57	10	7	102

Table 18.

Type of Offences Committed By Clients By Project (N = 102)

Project	None	Theft	Malici- ous Dam- age	Break- ing & Entry	Viol- ence	Clue Snif- fing	Breach of Pea- ce	Truan- cy	No Infor- mation	N
A	4	12	2	1	1	0	1	5	0	17
B	3	8	3	1	1	0	1	1	2	15
C	2	5	3	0	0	1	0	3	0	8
D	2	6	3	1	0	3	1	6	4	15
E	2	5	6	2	1	1	0	5	0	11
F	4	6	4	0	6	4	0	3	0	16
G	2	2	0	0	0	0	1	5	0	8
H	3	0	2	0	2	0	0	8	0	12
Total	22	44	23	5	11	9	4	36	6	

Thirty five (35/102) clients had had experience of institutional care and this was mainly in children's homes and assessment centres (Table 19).

In view of the clients histories they could not be described as 'hard core' delinquents, indeed most of them were more akin to what Paley & Thorpe (1974a) referred to as the 'soft end of the delinquency spectrum'. These findings would seem to confirm Paley & Thorpe's (1974b) earlier assertion that Intermediate Treatment only caters for a small number of well behaved delinquents and fails to cater for the hard core who are arguably in the most need of help and treatment.

Client Referral

Sources

The sources of referral varied from project to project and included social work departments, school, panel, child guidance, self referral, child psychiatrist, assessment centres and reporter. Half of the clients were referred by social work departments (56/102), (Table 20). With the exception of projects G and H (directed by the child guidance service) and project A, 83% of clients were referred from the local schools and child guidance.

Reasons For Client Referral

The kind of problem for which clients were referred included school trouble, family difficulties, lack of interests, behavioural problems, difficulty with adult relationships and personality weaknesses. All the clients for whom information was available (95/102) had more than one reason for referral, clients at project A had an average of more than

Table 19.

Type of Institutional experience of Clients (N = 102)	
No Experience	55
Childrens Home	23
List 'D' School	10
Assessment Centre	15
Hospital	1
No Information	12

Table 20.

Clients' Referral Sources by Project (N = 102)

Project	Social Worker	School	Panel	Child Guidance	Self	Child Psychiatrist	Assessment Centre	Reporter	N
A	2	14	0	0	1	0	0	0	17
B	15	0	0	0	0	0	0	0	15
C	7	0	0	0	0	0	0	1	8
D	12	0	0	1	2	0	0	0	15
E	6	0	0	0	2	2	1	0	11
F	12	1	1	0	2	0	0	0	16
G	0	1	1	6	0	0	0	0	8
H	2	2	0	8	0	0	0	0	12
Total	56	18	2	15	7	2	1	1	102

three reasons for referral. The two most common reasons for referral were related to difficulties at school (70/95) and relationships with adults/peers (62/95). As few as twenty six (26/95) were referred for reasons involving delinquent behaviour (Table 21). Consequently the needs of the client groups attending the Intermediate Treatment projects closely reflect the views of the practitioners (see Chapter 4) regarding the role of Intermediate Treatment, that is, as a resource for strengthening their clients' abilities to manage their inter-personal relationships and to develop their personalities.

Aims Of Referral

The aims for referral were categorised into the following areas of intervention, interpersonal relationships, personality improvement, leisure pursuits, alternative to care orders, reduction of delinquency, reduction of school problems and reduction of behaviour problems. The major aim for referral was related to developing clients' interpersonal relationships (89/102) (Table 22). As many have been expected, referral agencies had more than a single aim when referring their client. As few as ten cases were referred with the aim to reduce clients' delinquent behaviour.

Previously findings on reasons for clients referral to Intermediate Treatment had shown that projects A, D, and G had proportionally more clients referred for reasons related with school problems. It appeared that aims behind clients' referral and reasons for clients' referral were incongruent in project A and D. In project A as few as 4/17 of the referrals were aimed at reducing clients' problems at school, although 16/17 of the clients were referred to the project because of truancy at school. Similarly 9/15 of the clients in project D were referred for reasons related to clients' problems at school, although none of the referrals

Table 21.

Reasons for Client Referral by Project (N = 102)

Project	School Problems	Family Problems	Lack of Interests	Behavior our	Adult Relationships	Delinquency	Personality	No Information	N
A	16	7	2	7	15	1	4	0	17
B	3	4	2	6	10	1	2	2	15
C	7	1	1	0	5	3	2	0	8
D	9	2	0	5	7	9	0	1	15
E	6	2	0	0	6	6	1	0	11
F	12	1	2	4	9	5	1	1	16
G	8	0	0	6	5	0	1	0	8
H	9	2	0	4	5	1	0	3	12

Total	70	19	7	32	62	26	11	7	
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Table 22.

Aims Behind Clients' Referral by Project (N = 102)

	Project Inter- Personal ality	Person- Leisure	Instead of full time care	Reduce Delinq- ency	School Behav- iour	No Inform- ation	N
A	15	4	0	2	4	0	17
B	12	11	5	0	1	2	15
C	8	3	1	0	0	0	8
D	14	0	11	2	1	4	15
E	11	4	4	0	0	1	11
F	14	5	1	0	5	0	16
G	6	2	0	0	7	5	8
H	9	0	0	0	12	1	12
Total	89	29	22	4	10	13	3

in the project was directed to reducing clients' school problems.

The largest number of client referrals aimed at a reduction of clients' school problems were referrals to projects directed by the child guidance service (Project G and H). In projects G and H most of the staff members were trained teachers and who put a great deal of emphasis on remedial education as part of the programme for their clients in the project. This finding again confirms that practitioners saw the functions of Intermediate Treatment as being directly related to areas which concerned their clients problems in personal and interpersonal relationships.

Summary

The foregoing section has described the clients' backgrounds in terms of their demographic characteristics, previous experiences and family circumstances. Clients were mainly male and between the ages of 14 to 16 years. A high proportion of clients were from single parent families and many came from families with 3 or more children. A majority of clients were seen by their referral agents as coming from below average home conditions.

Over half of the clients were still attending a secondary school and most of those who had been expelled from school were attending Intermediate Treatment projects directed by the education department. However most of the clients did have problems of some kind, mainly truancy, at school.

The proportion of clients who had been involved with social work departments was high in all the projects included in the study, other than those clients attending projects run by the child guidance services. Involvement with social agencies was mostly related to delinquency and problems at school. Supervision orders applied to more than half the

sample of clients and these had been applied largely for reasons of delinquency. Three quarters of the clients had a criminal record, mostly involving minor offences. Approximately a third of the sample had institutional experience.

Clients were referred to Intermediate Treatment projects mainly by social workers, schools, or by child guidance personnel. The causes of their referral were mainly difficulties at school and difficulties in their relationships with adults. The most frequently encountered aims for treatment were related to helping clients to improve their interpersonal relationships rather than reducing delinquency. Both practitioners and referral agencies tend to stress the importance of the treatment function in Intermediate Treatment.

CHAPTER SIX

THE CLIENTS' PERSPECTIVE OF INTERMEDIATE TREATMENT

The Clients' Perspective Of Intermediate Treatment

In the chapter on practitioners' perspectives of Intermediate Treatment the idea of 'treatment' was seen as the most important function of Intermediate Treatment by most practitioners. A majority of practitioners saw the personal and inter-personal emphasis as the main aim of their projects. That is Intermediate Treatment should offer young people enhanced relationships with adults and peers, and also opportunities for the development of responsibility, self esteem and self awareness. Most practitioners did not see the function of Intermediate Treatment as being to control, punish or seek retribution. If these are the functions and emphasis of Intermediate Treatment, how comparable are these perceptions with the clients' views of Intermediate Treatment? How representative were these aims and emphases amongst the clients?

Clients' perspectives of Intermediate Treatment were explored by the use of interview schedules (see Chapter 3). Clients from the eight projects were interviewed twice during the study. The first interview was carried out when clients first attended Intermediate Treatment, normally during the second week of their attendance. The second interview was undertaken three months later. Both interviews were carried out at the Intermediate Treatment project premises. The content of the first and second interviews was very similar with the exception that two additional sections concerning clients' perception of the emphases of their project and their evaluation of their experience in Intermediate Treatment were included in the second interview schedule. The interview schedules were designed to collect information on the following areas.

1. Clients' initial reactions to Intermediate Treatment; eg. the clients' 'first hand' views of Intermediate Treatment and how they felt when they were first referred to Intermediate Treatment.

2. Clients' perceptions of the aims of Intermediate Treatment; eg. their views of the reasons for referral as compared with the 'official' reasons for referral, and how they saw the aims of their projects.
 3. Working Contracts; the concept of working contracts will be looked at in relation to their importance in social work intervention and the frequency of their practice among the study projects. Further, how working contracts affect the client's perception of Intermediate Treatment will be examined.
 4. Clients' expectations of Intermediate Treatment; Clients' initial expectations of Intermediate Treatment will be looked at. The extent to which clients' expectations of Intermediate Treatment were fulfilled will be examined. The relationship between clients' expectations and the effectiveness of Intermediate Treatment will be explored.
 5. Clients' perception of the emphasis of Intermediate Treatment; eg. views of project emphases, and emphases seen as most pertinent to themselves.
1. Clients' Initial Reaction To Intermediate Treatment

Clients were interviewed for the first time soon after they joined their projects. Questions were directed towards identifying their initial reaction to Intermediate Treatment. Clients were asked whether they had known or heard of the project prior to their referral. Their responses were classified into nine categories (see Table 23). Almost three quarters of the sample (73/102) had previously heard of the project they were attending. The clients' ideas of what Intermediate Treatment projects did, prior to their referral, are summarised in Table 23.

Twenty one clients thought that their Intermediate Treatment project was a youth club, 14 thought it was for children in trouble and 12 thought it was a special school. Six of those who had heard of the project thought it was for backward children. Only 4/102 of the client sample initially knew that there projects were related to Intermediate Treatment. Other responses from the clients were totally unconnected with the above categories. For example, respondents said: "I thought it was a place for battered wives",; "I was told by my mates that it was for handicapped kids",; "I thought it was for kids on a community service order because they were painting

Table 23.

Clients' Views Of What Projects Were For
Prior To Their Referral (N = 102)

	N	%
Didn't Know	2	2
For Children in Trouble	14	13.7
An Alternative to School	12	11.8
For Kids On Supervision	9	8.8
Youth Club	21	20.6
Intermediate Treatment	4	3.9
For Backward Kids	6	5.9
Not Heard Of Centre	29	28.4
Other	5	4.9

Total 102 100%

the place up"; "a community project, that's what I was told."

Clients' Feeling About Their Referral To Intermediate Treatment

Clients' initial feelings about their participation in Intermediate Treatment were explored. When clients were asked when they were first referred to Intermediate Treatment, whether they felt 'very keen', 'not bothered' or whether they had other feelings, fifty of the sample (50/102) said they were very keen on the idea and thirty three (33/102) said they did not mind being referred. Five clients (5/102) said they were not keen on the idea at all. Four of the 5 clients who were not keen were referred to Intermediate Treatment run by social workers (project B) and most of these referrals were from area office social workers. Of the remaining ten (10/102) some felt unsure and anxious about starting and four felt it was the best thing. Examples of the clients' responses to this question were as follows:

Very keen:- "I was told about the different things we'd be doing and the trips and all that. I was really looking forward to it when I knew I was coming."

"A couple of my mates are here and I learned all about the project and the fun they had. I'm glad my social worker suggested I should come along."

Not bothered:- "I wasn't bothered, but it was something to do in the evening."

"I didn't mind the idea when my social worker told me about it, I was prepared to have a go at it as long as it keeps me out of trouble."

"I didn't know anything about the project until my social worker told me I was coming here twice a week and I didn't think more about it."

Not keen:- "I wasn't too keen about coming as a couple of the kids in the project have been in trouble with the police."

"I wasn't very sure about the place, it seemed to be full of kids running about the place; I thought it would be a waste of time."

Thus nearly half of the clients in the sample felt keen to commence attending Intermediate Treatment. All the client respondents said that

they came to the Intermediate Treatment group out of their own free will, although 20 said it was not made clear to them by their referral agencies that they could refuse to participate. Two could not remember whether or not their referral agent had explained to them their right to refuse to attend. Eighty said that it had been explained that they could refuse to take up the Intermediate Treatment option if they wanted to. Thus the majority of clients were clearly aware of the non-compulsory nature of Intermediate Treatment.

Clients made a variety of responses when asked what they thought would have happened had they not been referred to Intermediate Treatment. The most frequent response (26/102) was they would get into trouble or get put away (22/102). Others (19/102) felt that they would still be the same or that they would be bored at home (13/102), get into trouble at school (5/102), waste their time (9/102), or be put on a supervision order (3/102). Four clients said they didn't know what would have happened and one said he would have left home.

The majority of clients understood the non-compulsory nature of Intermediate Treatment and most accepted their referral willingly. Only a few knew about Intermediate Treatment and what went on in their Intermediate Treatment projects before they joined. Most clients held a very positive initial attitude toward their referral to Intermediate Treatment.

Clients' Perceptions Of The Aims of Intermediate Treatment

Clients' views of their referral and the aims of Intermediate Treatment were examined. A comparison was drawn between the clients' views of the aims of Intermediate Treatment and that of the practitioners. Changes in

the client's attitudes toward Intermediate Treatment aims between the first and second interviews were examined.

A. Client's View Of Their Referral

Clients appeared to hold certain misconceptions regarding their referral to Intermediate Treatment. Discrepancies were found to exist between the officially documented source of referral and the client's view of their referral source (Table 24).

One client said that he was not sure whether his school or his social worker had referred him. According to the client's record, it was the latter but this particular client was having a lot of behavioural problems at school. One client who was officially referred by the reporter thought it was the panel who made the referral. Clients from one of the projects run by the child guidance service (project H) found it difficult to identify their referral source. Five of these clients thought they had been referred by the school but in fact had been referred by the child guidance service. Two clients from project D thought they had attended Intermediate Treatment on their own initiative but had been referred by social workers.

Clients' View Of The Reasons For Their Referral

Clients were asked their view of the reasons for their referral. Five did not know the reason for their referral. Although most of the clients gave more than one reason for their referral this was still less than the number of official reasons for their referral. The average number of reasons given by clients was 1.6, while the reasons documented in clients' referral records averaged 2.4 per client. As noted in the previous chapter the most common reason for referral, as documented in the clients'

Table 24.

Clients' View Of Their Referral Source And Officially
Documented Source Of Referral By Project (N = 102)

Project	Social Worker	School	Panel	Child	Self	Child	Assessment	Reporter	N						
				Guidance		Psychiatrist									
	C	R	C	R	C	R	C	R							
A	5	2	10	14	0	0	1	1	0	0	0	17			
B	15	0	0	0	0	0	0	0	0	0	0	15			
C	7	7	0	0	1	0	0	0	0	0	0	18			
D	10	12	0	0	1	0	4	2	0	0	0	15			
E	6	6	0	0	0	0	1	2	2	2	1	11			
F	9	12	2	1	1	0	3	2	0	0	0	16			
G	0	0	2	1	0	1	6	6	0	0	0	8			
H	0	2	9	2	0	0	3	8	0	0	0	12			

Total	2	56	23	18	4	2	9	15	9	7	2	1	0	1	102

(C = Client; R = Official)

records was problems at school (70/95), and relationships with peers. As few as 26 (26/95) were referred for reasons involving delinquent behaviour. The findings in relation to the clients' view of the reasons for their referral seemed incongruent with the referral documentation on clients (Table 25).

Forty seven clients thought the reasons for their referral involved delinquent behaviour, 63/97 thought they were referred because of school problems. As few as 10/97 saw their referral as being related to difficulties in their relationships with adults and peers. None of the clients saw their referral as related to personality problems whereas according to clients' referral documentation 11 were referred on grounds of personality problems. In project G none of the clients saw their referral as being related to delinquency which was comparable to their projects' official documentation on their referral. In project D 11/15 clients felt that they were referred to Intermediate Treatment because of their delinquent behaviour. Thus on the whole clients saw their referrals as being related to school and delinquency problems.

To the clients, getting into trouble in society and at school were good reasons for being sent to Intermediate Treatment. This reflects the clients' views of the role of the social work practitioner as being an agent of social control. As one client put it;

"I guess the reason why my social worker sent me here is to keep me off the streets and keep me away from trouble."

A second client was more categorical about the reasons why he had been referred;

"What else? I got into trouble with the police and I was expelled from school."

Table 25.

Comparison Of Clients' Reasons And Reasons On Clients' Referral Records
For Client Referral By Project (N = 102)

Project	School	Family	Lack	Behav-	Peer/	Delin-	Pers-	No	DK	N							
ct	Prob-	Problem:	of	iour	Adult	quency	onality	Info	:	:							
: lem	:	Inte--	Problem:	Relati--	:	:	Problem	:	:	:							
:	:	est	:	ions	:	:	:	:	:	:							
C	R	C	R	C	R	C	R	C	R	C							
A	11	16	6	7	1	2	3	7	4	15	6	1	0	4	0	1	17
B	8	3	1	4	1	2	0	6	2	10	6	1	0	2	2	2	15
C	5	7	1	1	0	1	2	0	0	5	5	3	0	2	0	1	8
D	9	9	1	2	2	0	0	5	0	7	11	9	0	0	1	1	15
E	7	6	4	2	3	0	0	0	1	6	6	6	0	1	0	0	11
F	3	12	3	1	5	2	1	4	3	9	6	5	0	1	1	0	16
G	8	8	1	0	0	0	3	6	0	5	0	0	0	1	0	0	8
H	12	9	0	2	0	0	0	4	0	5	7	1	0	0	3	0	12

Total	63	70	17	19	12	7	9	32	10	62	47	26	0	11	7	5	102

(R = Referral Record; C = Client)

Although clients' views as to the reasons for their referral were incongruent with those specified in their referral documentation, a majority of them felt that they had been referred to Intermediate Treatment for good reasons. Sixty one felt their referral agencies had had good reasons for referring them to Intermediate Treatment, 21/102 felt uncertain as to the reasons behind their referral and the remaining 20/102 felt they had been referred to Intermediate Treatment without good reasons.

Of those (20/102) who felt their referral was not based upon good reasons, ten said that they did not see a relationship between their problems and Intermediate Treatment. One client felt that the group discussions had no relevance to his trouble at school. Four clients did not see the reasons why they were attending Intermediate Treatment since they were referred because of behavioural problems at school and delinquency because they felt that there was little discipline in the projects to influence their behaviour. Five clients thought that their referral agents could have sent them somewhere to help them with their school work rather than to an Intermediate Treatment project.

Clients' Views Of The Aims Of Intermediate Treatment

Clients' views of the aims of Intermediate Treatment were explored. The question of what clients thought of the aims of their projects was put to them during the first interview and three months later during the second interview. Clients' responses to the aims of Intermediate Treatment were categorised into the following areas;

1. help with family problems
2. inter-personal relationships
3. leisure pursuits
4. reduction of delinquent behaviour
5. reducing school problems
6. reduction of behavioural problems

Some clients saw their projects as trying to achieve more than one aim. The findings from the first interviews showed that 61/102 of the sample thought that the aim of their projects was related to reduction in delinquency. Only 23/102 saw their projects aims as being concerned with improving interpersonal relationships. Thirty one (31/102 felt their projects aimed to help them with their school problems. Five clients said they did not know what their projects aimed to do. One of these five respondents commented; "I've been here twice and I don't see what they're trying to do, we can do what we like and some kids are running riot".

A respondent who felt Intermediate Treatment was all about personality development said;

"I suppose the staff is trying to help us grow up and be able to stand on our own feet".

Thus on the whole clients' initial views of the major aims of Intermediate Treatment were that it aimed to reduce delinquency.

Findings on clients' responses to their project's aims during the second interview were slightly different from the first interview, eighty three of the client sample completed both interviews. Responses to the second interview showed that a high proportion of clients (42/83) still held that the primary aims of their projects were to reduce their delinquent behaviour. (Table 26)

The proportion of clients who felt that their projects were involved with the development of interpersonal relationship had gone up from 23/102 to 39/83. Several clients changed their minds about the aims of their project. During a second interview, one client stated;

"When I first started I thought I could much about; but I got on well with the staff and other kids and I thought the staff try hard to help us to get on with people and to grow up".

Table 26.

Clients' Perceptions Of The Aims Of Intermediate
Treatment At First And Second Interviews (N = 102)

Project Home		Inter-		Leisure		Reduce		School		Behavi-		DK		Other		N			
Problem personal		Relat-		purs-		Delinqu-		Problem		ioural									
Problem		ionships		uit		ency				Problem									
Inter-	view	1--2	1--2	1--2	1--2	1--2	1--2	1--2	1--2	1--2	1--2	1--2	1--2	1--2	1--2				
A		0	1	5	6	6	1	7	8	2	2	5	3	1	0	1	2	17	12
B		1	0	7	6	0	4	11	7	5	2	1	1	1	0	0	3	15	13
C		2	0	0	5	0	2	7	4	5	0	2	1	0	0	0	3	8	8
D		0	1	3	7	5	3	9	6	2	2	2	0	1	0	0	0	15	12
E		1	2	2	4	2	3	7	3	3	2	1	0	0	0	2	0	11	8
F		0	1	6	8	3	2	12	6	1	0	1	0	1	0	1	3	16	13
G		0	0	0	1	1	1	3	3	4	5	3	1	0	0	2	1	8	7
H		0	1	0	2	2	1	5	5	9	7	1	1	1	0	1	0	12	10

Total		4	6	23	39	19	17	61	42	31	20	16	7	5	0	7	12	102	83

A second client thought she had totally misconceived the aims of her project;

"I thought the group discussion was a load of rubbish when I first came, but that's what Intermediate Treatment's about, learning about yourself and others."

The numbers of clients who thought their projects aimed to reduce their problems at school during the first interview (31/102) fell markedly at the second interview (20/83). None of the clients interviewed twice thought that their project had no aims at the second interview. Although there were changes in the clients' views of their projects' aims, their perception of Intermediate Treatment was still characterised by the notion of delinquency reduction.

The previous chapter illustrated that from the practitioners' point of view the major aim for referral for most clients was to develop inter-personal relations (89/102). In as few as ten cases one of the prime aims was reported as being to reduce delinquency. Thus an incongruity existed between clients' and practitioners' perception of the aims of Intermediate Treatment.

2. Working Contracts

The importance of working contracts or working agreement and its effectiveness in social work intervention has been discussed in chapter two. How might working contracts encourage both practitioners and clients to be more specific or more clear about treatment aims? One of the assumptions behind the use of working contracts is that specific achievement can only be made if clients and practitioners have common objectives and expectations concerning the treatment or service in question.

In this chapter the association between clients' expectations and perceptions of the objectives of Intermediate Treatment and whether a working contract had been formed with their practitioners or their referral agents will be examined.

The common practice among the projects included in the study was that potential clients were given an opportunity to view the project before commencing their attendance. Often clients were accompanied by their referring agent, ie. social worker etc, for a prior visit to the project. Brief introductions to the projects were given during these visits either by an Intermediate Treatment practitioner and /or by the referring agents themselves.

During the clients' first interview they were asked how informed they were about their project before attendance started. Eighty nine (89/102) claimed that they were told about their project before they started. Thirteen felt they had been told very little or nothing at all and that they would have liked to be more informed about their project from the start. For example one client respondent stated;

"My social worker just told me that I'll soon settle in and enjoy myself, I wasn't told much about the place before I started."

while a second client stated,

"I didn't know what to expect for the first time, everyone was friendly but it would help to know a bit more about the place and the kids beforehand."

Amongst those children who had some previous knowledge of their projects before attending, 45/89 were informed by their Intermediate Treatment practitioners, and as few as eight had received explanations solely from from their referring agent. (Table 27) Clients were mainly told about the projects' activities, routines, rules, and purpose of working contracts (Table 28)

Table 27.

Explanation Given To Client By Referring Agents
And Practitioner By Project* (N = 102)

Project	Source Of Explanation			n
	I.T. Staff	Referring Agent	Both I.T. Staff And Referring Agent	
A	10	2	3	17
B	2	0	13	15
C	4	0	4	8
D	7	2	3	15
E	4	0	6	11
F	3	4	4	16
G	5	0	3	8
H	10	0	0	12
Total	45	8	36	102
Percent	44%	8%	35%	100%

* As reported by clients

Table 28.

Aspects Of Intermediate Treatment That Were Explained To Clients Before Attendance At Project (N = 100)	
Aspect Of I.T.	N Of Clients
Working Contract	6
Projects Purpose	19
Projects Activities	29
Projects Regulations	20
Projects Routines	14
No Explanations	13
Does Not Know	1

Total	100

One client claimed that he had forgotten what had been said or explained to him, although he recalled later that he had been shown around the place and that one of the staff had talked to him.

During the first interview clients were asked whether any form of working contract had been made with Intermediate Treatment staff or their referring agent. Seventy two clients (72/102) reported that they had made a contract either with an Intermediate Treatment practitioner, a referral agent or both of these parties. Most of these contracts (49/72) were informal, verbal agreements. Written contracts were most frequently made between clients and practitioners (12/23). Projects A and B had more written contracts than the other projects included in the study. Thirty seven clients (37/102) had made a contract with their Intermediate Treatment practitioners. (Table 29)

Eighteen clients had contracts with their referring agent and 17 with an Intermediate Treatment practitioner and referring agent, the remainder of the sample (30) had no working contract. In project A most of the contracts were with Intermediate Treatment practitioners, all clients attending project H had made some form of contract.

Clients were asked about the nature of the verbal or written statements made in their working contracts and their responses were categorised under the following aspects: attend Intermediate Treatment regularly; try it out; keep out of trouble; improve behaviour; participate in project's activities; stop truancy and alternative to school.

The findings also showed a difference in the aspects involved in the contracts made by clients with practitioners and referring agents (Table 30). For instance, contracts with referring agents were more concerned with their clients trying it out. The following are examples of how clients described their contracts;

Table 29.

Number Of Working Contracts By Project (N = 102)

Project	Party With Whom Contract Made				N
	Referring Officer	I.T. Staff	Referring Officer and I.T. Staff	No Contract	
A	0	14	2	1	17
B	1	3	5	6	15
C	1	3	0	4	8
D	4	3	2	6	15
E	2	1	2	6	11
F	5	5	0	6	16
G	2	3	2	1	8
H	3	5	4	0	12
Total	18	37	17	30	102

Table 30.

Aspects Involved In Clients' Working Contracts

Aspect	Referring Agent	I.T. Staff	Referring Agent And I.T. Staff
Attend regularly	2	12	4
Try it out	8	5	2
Keep out of trouble	1	2	1
Behaviour	4	4	2
Participation	0	10	2
Stop truancy	2	2	1
Alternative to school	4	1	5
Forgotten	0	1	0
Total	18	37	17

"My social worker was keen that I should join the group and I was asked to agree to try it out."

"I promised my social worker I'd give it a try."

As for working contracts with Intermediate Treatment practitioners, aspects most commonly mentioned concerned a clients' attendance at the project and his participation on project activities. For example;

"I was told that if I was to stay in the activity centre I have to agree to come every time the group meets."

"I have to agree that I will take part in the group's activities in the centre and try out different things."

Contracts made between clients, Intermediate Treatment practitioners and referring agents were commonly concerned with Intermediate Treatment as an alternative to school and the need for regular attendance (Table 30).

3. Clients' Perception Of The Emphasis Of Intermediate Treatment

Clients had spent some time in Intermediate Treatment before they were asked about the emphases of their project. In the second interview clients were presented with two lists containing a total of sixteen items which referred to Intermediate Treatment emphases. (see Appendix 3). Clients were asked to select three items from each list which they thought their project had made the most of and three items their project had made the least of. The same two lists of items were presented to clients on a second occasion during the same interview and were asked to select three items from each list which they had found to be most helpful and least helpful. The chosen items were classified in terms of the following Intermediate Treatment emphases;

1. Inter-personal Emphases

- a. Making friends with others (List 1)
- b. Doing things with grown ups (List 1)
- c. Being able to get on with grown ups (List 2)
- d. Help to get on with people at home (List 2)

2. Personal Emphases

- a. Having to make decisions for yourself (List 1)
- b. Making you more sure and more confident of yourself (List 1)
- c. Being able to take responsibility eg. chairing a meeting (List 2)
- d. Having the confidence to do a job on your own (List 2)

3. Instrumental Emphases

- a. Doing useful and interesting things (List 1)
- b. Helping you to learn about things which would be useful to you in later life (List 1)
- c. Developing new interests and activities (List 2)
- d. Learning some basic skills to prepare you for a job (List 2)

4. Control Emphases

- a. Keeping out of trouble (List 1)
- b. Keeping away from bad company (List 1)
- c. Learning that you get punished or lose privileges when you break the rules (List 2)
- d. Learn to behave yourself (List 2)

Clients' Perception Of Their Centres' Emphases

The findings show that in all eight projects the majority of clients chose control related statements to indicate their project's emphasis.
(Table 31)

As few as 79/498 ratings were scored by clients on control emphasis items that their projects made the least of. Of the four control emphasis items included in the list, the two emphasis items that were rated by clients that their projects had made the most of were, 'keeping out of

Table 31.

Clients' Choice Of Emphasis Items Which
They Thought Their Projects Made Most And Least Of

Project	Emphasis									
	Inter- personal		Personal		Instrumental		Control			
	Most	Least	Most	Least	Most	Least	Most	Least	Most	Least
A	13	14	16	19	13	27	27	12		
B	20	19	15	13	7	35	33	11		
C	10	9	5	14	12	15	21	10		
D	22	13	7	18	17	27	26	14		
E	18	6	3	9	10	21	17	12		
F	22	14	16	13	2	41	38	10		
G	12	5	1	19	8	15	21	3		
H	17	12	13	18	14	23	22	7		
Total	134	92	76	123	83	204	205	79		

trouble' (73/498), and 'learn to behave yourself' (72/498). For the other two control emphases items, 'keeping away from bad company', and 'learning that you get punished or lose privileges when you break the rules', their ratings were 35/498 and 25/498 respectively.

The emphasis which was seen by clients as being second most important to the work of their projects was the inter-personal emphasis. A total of 134/498 ratings were made on emphases related to inter-personal relationships. The ratings were high on the emphasis items, 'being able to get on with grown ups' (58/498) and 'making friends with other kids' (38/498). As few as 12/498 for the item, 'help to sort out home problems' were chosen by clients as the emphasis the projects made the most of.

The items which were seen by clients to be the least emphasised were related to instrumental and personal emphases. As many as 204/498 ratings were made by clients on instrumental emphases items and 123 on personal emphasis items as emphases which were made the least of by clients' projects. Of the instrumental items 'helping you to learn about things which will be useful to you in later life', and, 'learning some basic skills to prepare you for a job' were seen by clients to be least emphasised by their Intermediate Treatment projects.

For the personal emphasis items 'being able to take responsibility' was rated highly (30/498). The personal emphasis items which were seen by clients to receive little attention were, 'making you more sure and more confident of yourself' and 'having the confidence to do a job on your own'. There was little variation in the ratings between the eight projects included in the study. In project G, only one rating was made by a client on personal emphasis items as being made the most of and the clients from project F only made two ratings on instrumental emphasis items.

These findings indicate that clients perceived the emphasis of their projects to be largely centred upon control. Inter-personal emphasis items

were also viewed as important by clients to their projects. Personal and instrumental emphases were seen to be of relatively little importance by the clients in their projects.

Clients' Views Of The Helpfulness Of Their Projects' Emphases

Clients' views on how helpful their projects' emphases were to their own personal situation were explored. The control emphasis were rated by clients in all projects as aspects of Intermediate Treatment found to be most useful. A total of 183 ratings indicated control items to be most helpful. (Table 32)

Clients from all eight study projects rated the control emphasis item 'keeping out of trouble' most highly (78/498). Another variation between how the clients saw the element of control and how they perceived projects' emphases of control was related to their behaviour in the project. Clients previously held the view that their projects laid great emphasis on the item 'having to behave yourself' (72/498). However, the control item 'having to behave yourself' seemed to have diminished as an emphasis which was seen as helpful to them (40/498).

The emphasis which was rated second highest by clients as the most helpful emphasis in the project was related to inter-personal emphasis items (116/498), although there were minor variations among clients' responses in the eight projects. Clients from projects A and B had rated personal emphasis items higher than inter-personal emphasis items. In project H clients saw both personal and inter-personal emphases as equally helpful to them. Another variation was project G where clients had rated instrumental emphasis as second most helpful to them, 14/498, for instrumental items as compared to 7/498 for inter-personal emphasis items.

Table 32.

Clients' View Of The Emphases That Were Most Helpful
And Least Helpful By Project

Project	Emphasis								
	Inter-personal			Personal			Instrumental		
	Most	Least		Most	Least		Most	Least	Control
A	14	22		17	9		14	25	27 16
B	11	29		19	12		13	24	35 13
C	11	12		7	8		10	16	20 12
D	18	16		12	16		19	19	23 21
E	16	11		6	6		11	17	15 14
F	25	18		14	20		6	27	33 13
G	7	13		5	13		14	9	16 7
H	14	20		14	6		15	18	17 16
Total	116	141		94	90		102	155	186 112

Findings on the clients' ratings on the instrumental emphasis items and personal emphasis items were low in terms of the helpfulness to clients. The total rating for instrumental emphasis items was 102/498 and for personal emphasis items was 94/498.

Comparison Of Clients' And Practitioners' Perspective Of Emphasis In Intermediate Treatment

In the previous chapter on practitioners' perspectives of Intermediate Treatment, the aspects given most emphasis by practitioners were examined. A majority of the practitioners saw the personal and inter-personal aspects of their work to have the greatest importance. Very little emphasis was placed upon the instrumental and control elements of Intermediate Treatment. The research findings showed that a certain amount of incongruity existed between clients' and practitioners' perceptions of Intermediate Treatment.

Items Emphasising Control

The findings showed that clients rated the control emphasis items high in terms of their projects' emphases and their helpfulness (Table 33). On both occasions the control emphasis item 'keep out of trouble' was rated higher by clients than other control emphasis items. The findings suggest that clients saw control as an element important to their project as well as to themselves. They viewed keeping out of trouble as a fundamental purpose of their being at the project. Another difference in the clients' ratings on the two occasions on the control emphasis was the one 'learn to behave yourself'. More clients felt it was an emphasis of their project (72/498) than saw it to be a helpful emphasis (40/498). Clients possibly felt that learning to behave themselves in the projects was something

Table 33.

Comparison Of Clients' And Practitioners' Views Of The Emphasis Of Their Projects			
Emphases	Practitioners View Of Project Emphasis	Clients View Of Project Emphasis	Clients Viewing Emphasis As Most Helpful
Personal	133/40	76/83	94/83
Inter-personal	82/40	134/83	116/83
Instrumental	18/40	83/83	102/83
Control	7/40	205/83	186/83
	N = 40	N = 83	N = 83

that their project's staff had expected of them right from the start. How they behave in the project and outside the project could be seen by clients as different things, and they attached little relevance to this particular control emphasis item. As for the other control emphasis items the ratings were very similar on both occasions.

Interpersonal And Personal Emphasis Items

Previous findings showed that practitioner respondents rated the 'personal' and 'interpersonal' emphasis items as being of the greatest importance in Intermediate Treatment (Table 34). On both clients' perceptions of their projects emphasis items were rated the second highest by clients. In both cases clients saw 'relationships with adults' as their projects' emphasis and also viewed them as being helpful interpersonal emphasis items. In the case of the item related to peer relationships clients saw this as an important project emphasis (38/498) but not important in terms of its helpfulness (23/498).

On the interpersonal emphasis items related to 'relationships at home' clients felt little emphasis had been placed by their Intermediate Treatment projects on working with their family and problems at home. Items on 'relationships at home' were rated low as a projects' priority by clients (12/498). However emphasis on home relationships was seen to be an important and helpful element in Intermediate Treatment by clients. The item related to home relationships was rated high as a helpful emphasis in Intermediate Treatment (31/498).

Personal Emphasis Items

Clients' ratings on the personal emphasis items in terms of their helpfulness and their project's emphasis were similar on both occasions.

Table 34.

Practitioners' And Clients' Perspective Of The Emphasis Of Intermediate Treatment By Project (N = 40 Practitioners & 83 Clients)

Project	Practitioners' View Of Project Emphasis				Clients' View Of Project Emphasis				Clients' View Of Helpfulness Of Emphasis							
	Inter		Inst		Inter		Per		Inst		Per		Inst		Con	
	Inter	Per	Inst	Con	Inter	Per	Inst	Con	Inter	Per	Inst	Con	Inter	Per	Inst	Con
A	10	22	2	2	13	16	13	27	14	17	14	27	14	17	14	27
B	13	16	1	0	20	15	7	33	11	19	11	35	11	19	13	35
C	4	12	2	0	10	5	12	21	11	7	11	20	11	7	10	20
D	9	14	1	0	22	7	17	26	18	12	18	23	18	12	19	23
E	10	12	2	0	18	3	10	17	16	6	16	15	16	6	11	15
F	12	18	4	2	22	16	2	38	25	14	25	33	25	14	6	33
G	11	17	2	0	12	1	8	21	7	5	7	16	7	5	14	16
H	12	23	4	3	17	13	14	22	14	14	14	17	14	14	15	17

Personal emphasis was seen by clients as a minor emphasis in their projects and also not to be a very helpful element of Intermediate Treatment (Table 33).

Instrumental Emphasis Items

Findings on practitioners' perspectives of Intermediate Treatment showed that they saw the instrumental emphasis items as having a low priority in their projects (Table 33). Similarly clients also rated the instrumental emphasis items low in terms of their helpfulness and as their project's emphasis (rating 102/498 most helpful; and, 83/498 as project emphasis).

Ratings of instrumental emphasis items were higher as an emphasis which clients saw as helpful than as a project emphasis (rating of 102/498 most helpful and 83/498 project emphasis). Also there were slight differences in the ratings of individual emphasis items on the two occasions. Instrumental emphasis was seen by clients to be their projects' emphasis on helping them to develop certain leisure pursuits and other interests. Thus instrumental emphasis items of 'doing useful and interesting things' and 'develop new interests and abilities' were rated high by clients as important emphasis items which were related to developing new knowledge and basic skills than those with leisure pursuits. Thus the instrumental emphasis items of 'helping you to learn about things which will be useful to you in later life' and 'learning some basic skill to prepare you for a job' were rated high by clients as emphases which they found helpful to themselves.

Clients' Perceptions Of Activities Provided In Intermediate Treatment

Clients were interviewed about the kinds of activities which were provided in their project and their views of the usefulness of these provisions were examined. Clients were asked to comment on a list of Intermediate Treatment provisions as to whether they felt they were 'just enough', 'too much', 'too little', or 'none' of it at all. The categories of activities presented to clients were provisions made by most Intermediate Treatment projects and included the following:

1. Group discussion
2. Indoor sports and games
3. Outdoor sports and games
4. Creative activities
5. Remedial teaching
6. Trips out
7. Residential Excursions
8. Free Activity
9. Individual counselling
10. Making rules and regulations
11. Home visits
12. Social Education

Provision In Intermediate Treatment

Findings on clients' attitudes towards Intermediate Treatment provision only varied slightly between projects. The above list of activities appeared to be provided by most projects with the exceptions of remedial teaching and home visits.

The provision of remedial teaching with clients was present only in the 2 projects which were under the child guidance service (projects G and H). In project G all the clients felt that there was too much remedial teaching undertaken in the project.

The other provision which was not commonly carried out was home visits. 49/83 clients thought that they had not been visited by practitioners while they were there.

On the whole for most activities clients felt that the amount of provision had been sufficient. Clients felt there was too little outdoor games and sports (52/83). Fifty seven clients felt there were too few residential excursions and 46 felt too few trips out were organised. Over half of the clients (43/83) felt too much time was devoted to free activity, this problem mainly occurring in projects B, C, and G. Clients from projects B, F and G felt there was too little making of rules and regulations. The following are some examples of the comments made by clients of their projects' provisions:

"I enjoyed going swimming in the local pool but we don't go often enough."

"When I first came we used to go out nearly every week doing different trips but we haven't been out for a while, I think the staff should take us out more often."

"We've only been away camping once with the staff, I had a great time, I think we should do it more."

"It was magic when we went away with the staff for the weekend to Aviemore, I think we should get away more often."

Apart from some of the activities that clients felt they should have more of in their projects they also felt that there was too little rules and order in the groups, for example:

"I didn't like the free activities, some evenings there was too much of it, the lads were messing about too much."

"There's too much time where we're free to do what we want, I think some kids should be told what to do to stop them rowdying around."

"There should be more rules in the centre to stop the kids from being too cheeky."

"I think the staff should have more rules for smoking and swearing."

"There aren't enough rules in this place to stop kids from messing about."

Clients' Perception Of The Value Of Intermediate Treatment Activities

Clients were asked to list three activities occurring in their projects which they found most helpful or valued and three activities which they least valued. The clients' valuations of the provisions of Intermediate Treatment were in some ways similar to previous findings on the amount of provision in projects. The activities which clients found to be most satisfying were residential excursions (64%), outdoor games/sports (63%), creative activities (58%) and trips out (45%). Activities which clients found of least value were 'home visits', 'making of rules and regulations' and 'free activities'. None of the clients saw that 'home visits' or 'making rules and regulations' had given them any satisfaction. (Table 35)

A large number of clients (75%) felt they got little out of the free activities in which they were involved. More than half of the sample (55%) found that indoor sports and games gave them little satisfaction. In the words of clients themselves:

"I'm bored with table tennis, dominoes and pool, I think there should be more new games."

"There's too much fooling around for a good game."

"I enjoy a game of table tennis at first, I got bored with it after a while."

Forty percent of the clients felt that the group discussions were one of the least satisfying activities in Intermediate Treatment. One client thought that there was too much talking and no action. Some felt a lot of time was wasted in discussion and getting the group to make decisions. Others felt group discussions were often dominated by one or two individuals. There was little variation amongst clients of the eight projects in their views as to the value of Intermediate Treatment provisions.

Table 35.

Comparison Of Clients' And Practitioners' Rating Of The
Value Of Activities.

Activity	Highly Valued By Practitioners		Highly Valued By Clients		Least Valued By Clients	
	No.	Prptn.	No.	Prptn.	No.	Prptn.
Group discussion	37	.92	25	.30	33	.40
Residential Excursions	21	.52	53	.64	2	.2
Counselling	20	.50	9	.11	8	.10
Creative activites	10	.25	48	.58	25	.30
Home visits	8	.20	0	.00	8	.10
Social education	8	.20	2	.2	9	.11
Trips	6	.15	37	.45	21	.25
Indoor sports/games	3	.07	20	.24	46	.55
Remedial teaching	3	.07	1	.10	12	.14
Free activities	3	.07	2	.2	62	.75
Outdoor sports/games	1	.02	52	.48	16	.19
Making rules/regulations	0	.00	0	.00	7	.80
	N = 40		N = 83		N =83	

The findings showed that 10/83 felt that there was nothing they could think of in terms of Intermediate Treatment provision that could improve their experience, despite the fact that the "making of rules and regulations" was rated low in terms of the satisfaction it gave, but clients (21/83) felt the making of rules and regulations could provide some order in their project. (Table 36) Thus on the one hand clients saw the pressure that rules and regulations could exercise upon them, but on the other hand they also saw the positive aspects of having rules in the groups. As one client put it;

"I don't think I like rules but on the other hand it stops lads swearing and being rough in the centre."

Ten clients felt that regular home visits could be a useful thing and nine felt remedial teaching would be useful. On the whole clients were satisfied with Intermediate Treatment provision although their valuation of activities did differ to some extent from practitioners' valuation.

3. Clients' Expectation From Intermediate Treatment

During the first client interview they were asked about their expectations of Intermediate Treatment regarding the amount and kind of help they expected.

Amount Of Help Expected By Clients

A majority (62%) of clients expected only a little help with their problems. (Table 37) Twenty five percent of clients expected a lot of help, seven percent felt that Intermediate Treatment would not be of any help to their kind of problems, and 6 percent did not know what to expect. There was

Table 36.

Clients' View Of Provisions Which Could
Improve Intermediate Treatment (N = 83)

Provision	N. of Clients
None	10
Making rules and regulations	21
Home visits	10
Remedial teaching	9
Social education	8
Outdoor activities	6
New equipment	5
Don't know	8
Others	6

Total 83

Table 37.

Amount Of Help Clients Expected From
Intermediate Treatment During The 1st And 2nd Interview

Project	A Lot Of Help		A Little Help		No Help		Don't Know		N Of Clients	
	Interview 1	Interview 2	Interview 1	Interview 2	Interview 1	Interview 2	Interview 1	Interview 2	Interview 1	Interview 2
A	1	5	14	4	1	1	0	0	17	12
B	5	6	8	7	1	0	1	0	15	13
C	3	6	4	2	0	0	1	0	8	8
D	2	4	12	7	0	1	1	0	15	12
E	5	5	4	3	2	0	0	0	11	8
F	6	9	9	4	0	0	1	0	16	13
G	1	2	5	2	2	3	0	0	8	7
H	3	4	8	5	1	1	0	0	12	10
Total	25	41	64	37	7	5	6	0	102	83

little variation between the projects regarding the amount of help clients expected.

The same questions were put to the clients three months later, when their responses were markedly different to the first interview. Clients expected much more at the second interview than at the first when half of the clients said they expected a lot of help. Some clients said they now expected more because they got to know their Intermediate Treatment group. For example;

"I expect a lot of help from the staff, they do a lot for us".

"I didn't know what to expect when I came but I expect a lot of help from the staff."

"Coming here has helped me a lot with my problems, I expect the staff will be able to help a lot."

The number of clients who expected little or no help was reduced at the second interview to 45% and 6% respectively. Clients' responses from different projects were closely similar.

Clients' Expectations Of Intermediate Treatment

During the first interview clients were asked what they expected to achieve from Intermediate Treatment. A wide range of responses was obtained from clients. Responses were categorised into the following areas of expectation, including

1. Improve relationships with people
 2. Improve behaviour
 3. Reduce school problems
 4. Stay out of trouble
 5. To make better use of time
 6. To get employment
 7. To develop maturity
- (Table 38)

The largest proportion of clients expected to keep out of trouble (81%).

Table 38.

171
Clients' Expectation Of Project (1st Interview) (N = 102)

Expectation	No. of clients
None	12
Relationships	16
Improve behaviour	1
Less school problems	11
Stay out of trouble	32
Use of leisure	6
Employment	8
Maturity	6
Don't know	10

Total	102

Fifteen percent of clients expected to get on better with people and 11% hoped to have less trouble at school. (Table 38) Ten clients did not know what to expect.

Clients were interviewed a second time on the area of expectations. Clients were asked to specify the things they had achieved after coming to Intermediate Treatment. Most clients felt they had achieved in more than one aspect of their lives, four felt they had not achieved anything. Of those clients who said they had achieved something 72% had managed to keep out of trouble and got on better with adults. Some clients felt it would be letting the staff down if they got into trouble while attending Intermediate Treatment. A number of clients specifically stated that they got on better with adults, including teachers, neighbours and friends. Six percent felt they had more friends and got on better with their peers than before coming to Intermediate Treatment. The remaining clients felt they got on better at school, had less problems at home, had developed new interests and had matured personally. (Table 39)

There was little difference between projects with the exception of project G. In project G, where Intermediate Treatment was an alternative to school and clients attended for five days a week, none of the clients claimed to have achieved anything related to school.

Clients viewed their Intermediate Treatment experiences positively. At the beginning a number of clients did not expect much from their attendance, but by the end, clients saw the potential of Intermediate Treatment and had expectations of it. Clients had also put more emphasis on the importance of interpersonal relationships with adults, peers and home than simply just keeping out of trouble. By the time of the second interview a great number of the client sample admitted to achieving improvements in their relationships with adults, peers and family.

Table 39.

Achievements Made By Clients, 2nd Interview (N = 83)

Project	None	Adult Relati- ons	Peer Relat- ions	Home	School	Keep- Out of Trouble	New Inter- ests	Matur- ity	No.
A	0	6	7	1	4	10	5	3	12
B	0	12	5	2	4	10	4	2	13
C	0	6	5	1	2	3	2	5	8
D	1	7	8	1	5	10	3	1	12
E	0	5	5	2	1	8	1	2	8
F	1	8	9	1	5	10	3	2	13
G	2	7	7	1	0	3	1	0	7
H	0	9	5	2	4	6	0	4	10
Total	4	60	51	11	25	60	19	19	83

Summary

Findings on the clients' perspective of Intermediate Treatment showed that only a small proportion of client respondents knew about their projects prior to referral (4/102). Over 28% of clients had not heard of their Intermediate Treatment project while 20% of client respondents thought that their projects were some form of youth club. Findings on clients' initial reaction showed that nearly one half (50/102) of the clients interviewed in the study said they were keen to start their attendance at Intermediate Treatment. A majority of clients were aware of the non-compulsory nature of their attendance at Intermediate Treatment. (80/102)

On clients' referral, research findings showed that there were certain discrepancies between clients' views of their referral and information on their referral records. As few as ten clients saw the reasons for their referral as being related to their difficulties in their relationships with adults and peers. Almost one half of the clients (47/102) thought they were referred to Intermediate Treatment because of their delinquent behaviour, while according to clients' referral records, as few as twenty six of the sample of clients were referred for reasons connected with delinquency.

Findings on clients initial experiences of Intermediate Treatment also showed that over 70% of client respondents had some form of working contract with either their referral agent, Intermediate Treatment staff or both of these parties. (72/102). A majority of the working contracts made by clients were verbal agreements (49/72), which were commonly concerned with the need for clients to attend their Intermediate Treatment projects regularly.

Clients' perceptions of the aims and emphases of Intermediate Treatment were also explored and the findings showed that clients' views of the aims

of Intermediate Treatment were to some extent incongruent with those of practitioners. Previous findings on the practitioners perspective of Intermediate Treatment showed that practitioner respondents saw great importance in the personal and interpersonal aspects of Intermediate Treatment; very little emphasis was found to be attached to the control element of Intermediate Treatment by practitioners in the study. However, findings on the clients' view of Intermediate Treatment showed that client respondents saw the control element both as an important element in their Intermediate Treatment project, and as a helpful factor to themselves.

Clients' views on the provision of Intermediate Treatment was explored and findings showed that a proportion of clients valued outdoor activities as compared to other provisions they received in their projects. Findings on clients' and practitioners' views of Intermediate Treatment provision were again incomparable. The study showed that 92% of the practitioner respondents thought favourably of group discussions, as a provision of Intermediate Treatment as compared to only 30% of client respondents who felt that group discussions were of any value in their Intermediate Treatment projects. Finally, clients viewed their Intermediate Treatment experience positively. Findings on clients' expectations of Intermediate Treatment showed that client respondents expected more from Intermediate Treatment at their second interview than when they were interviewed at the beginning of their Intermediate Treatment experience. Over half of the client sample said they expected a lot of help from Intermediate Treatment when they were interviewed for the second time. During the second interview with client respondents, a high proportion of them felt they had made achievements related to keeping out of trouble and improvements in their relationships with adults.

CHAPTER SEVEN

THE CONGRUITY OF CLIENTS' PERCEPTIONS AND THE OUTCOME
OF INTERMEDIATE TREATMENT

The concern of this chapter is to examine the relationship between congruity of perceptions between clients and practitioners in Intermediate Treatment and the clients' outcome. It is also the purpose of this chapter to draw some conclusions on the four main hypotheses of the study in terms of congruity of perceptions between clients and practitioners. The hypotheses of the study included the following;

1. Where the views of clients and practitioners concerning the objectives of Intermediate Treatment are congruent, clients will have a more positive response to Intermediate Treatment.
2. The more the content of the intervention in Intermediate Treatment is perceived to be relevant by the clients, the more positive will be the clients' response.
3. There will be a positive relationship between clients' expectations of the effectiveness of Intermediate Treatment and their responses to Intermediate Treatment.
4. Clients who have formed a contract with their practitioners at the beginning of Intermediate Treatment will have objectives that are more congruent with those of their practitioners than those without a contract.

Congruity Of Perceptions Amongst The Clients

As described above both practitioner and client respondents were required to choose six emphasis factors from two lists of sixteen emphasis items which they would consider as emphases of their projects. Findings on practitioners' perceptions of Intermediate Treatment showed that practitioners in the eight projects had rated the personal and interpersonal emphases as most important to themselves and their projects (Table 40).

Findings on clients perspectives had shown that for the majority of clients, the control emphasis items were rated highest as their projects' emphases and also rated as the most helpful emphasis to themselves (Table 40).

As few as seven of the control emphasis items were seen by practitioners as their project emphasis. A total of 205 of the control emphasis factors were rated by client respondents as their project's emphasis and 183 of the

Table 40.

Comparison Of Clients And Practitioners Views Of The Emphasis Of Their Projects			
Emphases	Practitioners View of Projects Emphasis	Clients View of Projects Emphasis	Clients View of Emphasis as Most Helpful
Personal	133/40	76/83	94/83
Interpersonal	82/40	134/83	116/83
Instrumental	18/40	83/83	102/83
Control	7/40	205/83	186/83
	N = 40	N = 83	N = 83

control emphasis items were also seen by clients as the most helpful emphasis in Intermediate Treatment.

For the purpose of the analysis it was necessary to divide the client sample into two groups, that is those with congruent and those with incongruent perceptions with their practitioners. In order to divide the groups, the distribution of clients' choices of personal and interpersonal emphasis items was examined. Each client could have chosen between none and six items signifying his/her project's emphasis. The interpersonal and personal items included the following:

Interpersonal Emphasis;

1. Making friends with other kids.
2. Doing things with grown ups.
3. Being able to get on well with grown ups.
4. Help to get on with people at home.

Personal Emphasis;

1. Having to make decisions for yourself.
2. Making you more sure and more confident in yourself.
3. Being able to take responsibility.
4. Having the confidence to do a job on your own.

The distribution of choices is shown in Table 41.

Thirty three client respondents selected two personal items and twenty two client respondents selected three interpersonal items as their project's emphasis. On average 2.42 choices were made on personal and interpersonal items.

In order to divide the sample into two groups of approximately the same size, a cut off point was taken as near to the median as possible. This yielded two groups; one consisting of respondents who made two or less choices, referred to as the group with least congruent attitudes ($n = 45$); and a second group consisting of respondents who made three or more choices on these items, referred to as the group whose attitudes were most congruent with those of the practitioners ($n = 38$).

Table 41.

[illegible]

Clients' Responses In Intermediate Treatment

The outcome criteria employed for the study have been discussed in Chapter 3. The major criteria for estimating the extent of success were reductions in delinquency and changes in clients' responses towards several aspects of their lives.

First, client outcome measures were based upon the changes that had taken place during their attendance at Intermediate Treatment. This involved comparing the clients' responses to the questionnaires during the first and second interview. The following elements were compared:

1. Self report from clients on delinquent acts committed during the three months prior to attending the project and over the three months prior to the second interview. (ie, since they had started attending the project). A positive change in clients' delinquent behaviour would apply to those clients who reported over the two interviews a reduction in delinquent acts committed while attending Intermediate Treatment.
2. Change in clients' responses towards their own difficulties in the following five areas; a) relationships with adults, b) relationships with family, c) relationships with peers, d) school, e) use of leisure time.

Changes in clients' response to their difficulties in the above areas could be interpreted as both negative and positive change. Positive change in clients' responses concerning their difficulties would be indicated by their reporting an improvement in the above areas and the reverse would indicate a negative change. Changes in clients' response were derived from a comparison of their views obtained during the first and second interviews.

The level of association between congruity of perception and the success or failure of outcome were explored in relation to the following dimensions;

1. Congruity of clients' perceptions and changes in client responses.
2. Congruity of clients' perceptions and a positive outcome, ie. a positive response in their second interview.
3. Relevance of Intermediate Treatment emphasis to clients' and clients' outcomes.
4. Clients' expectation of the effectiveness of Intermediate Treatment and their outcome in it.
5. Congruity of clients' presence of a working contract in Intermediate Treatment.

Congruity Of Perceptions And Changes In Clients' Responses

In this section a comparison is made between responses of clients whose view of Intermediate Treatment was congruent and those whose view was incongruent with that of the practitioners in their projects. Clients' responses to the first and second interview will be examined in relation to the following areas:

1. Self report from clients on delinquent behaviour.
2. Clients' attitudes towards their own difficulties in
 - a) relationships with adults
 - b) relationships with peers
 - c) relationships with family
 - d) school
 - e) use of leisure time

Eighty three clients were interviewed twice and these were split into a congruent (38) and an incongruent (45) group as described above. There was no significant association between project and level of congruity of perception in clients. (Table 42)

Clients' Response To Delinquent Behaviour

The main areas which were explored in terms of clients' views of delinquent behaviour included the following:

1. The kinds of offences clients had committed since their attendance at Intermediate Treatment.

Table 42.

Degree Of Congruity Of Perception In Intermediate Treatment
Between Clients' And Practitioners In The Study

Project	A	B	C	D	E	F	G	H	Total
Incongruent Group	7	6	6	6	4	4	5	7	45
Congruent Group	5	7	2	6	4	9	2	3	38
Total	12	13	8	12	8	13	7	10	83

2. The kinds of undetected delinquent behaviour they had been involved in since their attendance in Intermediate Treatment.
3. Clients' views of the reasons why adolescents offend.
4. Clients' responses as to whether Intermediate Treatment had helped them to keep out of trouble.

Types Of Offences Committed Since Attendance At Intermediate Treatment

Responses of those clients who were interviewed twice were included in the findings. Findings on the types of offences committed since attendance at Intermediate Treatment were based on clients' self report of their behaviour when they first attended Intermediate Treatment and three months after. Thirty one of the 83 clients reported during their first interview that they had not been involved in delinquent behaviour. A higher proportion of clients reported that they had not been in trouble with the law between their first and second interview (67/83). (Table 43)

The average number of crimes committed as reported by clients was similar for both interviews, 1.6 at the first interview and 1.5 at the second. The types of offences with which clients were involved, included theft, malicious damage, breach of the peace, violence, breaking and entry and truancy. The highest proportion of offences reported by clients was theft (39/83) at the first interview, while 12/83 reported having committed theft at the second interview.

There were little differences in the type of offences committed by the congruent group and the incongruent group of clients since their attendance at Intermediate Treatment with the exception of those who reported committing no offences at the first interview. One third (33%) of the incongruent clients claimed to have committed no offences while 42% of the congruent group reported that they had not offended at their first interview. However 91% of the incongruent group of clients reported that they had not committed any offences since attending Intermediate Treatment, while

Table 43.

Types Of Offences Clients Reported Committing Between First And Second Interview By
Congruity Of Perception (N = 83)

	Inter- view	Incongruent	Congruent	Total
None	1st	15	16	31
	2nd	41	26	67
Theft	1st	25	14	39
	2nd	3	9	12
Malicious Damage	1st	7	3	10
	2nd	0	2	2
Break/ Entry	1st	0	3	3
	2nd	0	2	2
Violence	1st	0	0	0
	2nd	2	3	5
Breach/ Peace	1st	3	5	8
	2nd	0	4	4
Truancy	1st	7	10	17
	2nd	0	3	3
Other	1st	4	5	9
	2nd	0	0	0

(Incongruent group = 45; Congruent group = 38)

only 63% of the congruent group reported that they had not offended while attending Intermediate Treatment. (Table 43) Seven (7/45) of the incongruent group reported getting into trouble with the law for offences involving malicious damage during their first interview. None of the incongruent group reported similar offences during the second interview. These appeared to be more positive changes amongst the incongruent group than the congruent group of clients.

The findings also showed little difference between the congruent and incongruent group of clients in terms of changes in type of offence committed at the beginning of their attendance and three months later. A good proportion of both groups seemed to have made positive changes in their delinquent behaviour. Sixty percent (27/45) of clients from the incongruent group had made positive changes; ie. clients had reported getting into trouble with the law during the first interview and had reported that no offences had been committed up to their second interview. Thirty percent (14/38) of the congruent group had made positive changes (Table 44). Two clients from the congruent group and one from the incongruent group who had reported that no offence was committed in the first interview claimed to have offended during their attendance at Intermediate Treatment. Clients who had made no change (39/83) were the ones who had reported the same behaviour for their first and second interview. Twenty seven reported no offence for the first and second interview, while 13 reported committing an offence in their first and second interviews.

No differences were found between congruent and incongruent groups of clients regarding changes in their delinquent behaviour as reported by them. The findings do not support the proposition that congruity of perceptions between clients and practitioners is related positively to changes in clients' delinquent behaviour. However a significant difference

Table 44.

Changes in Clients' Self Report Delinquency By Congruity
of Perception Between Clients And Practitioners

	No Change		Change		
	No offence committed	Offence committed	No offence committed	Offence committed	Tot.
Incongruent Group	14	3	27	1	45
Congruent Group	12	10	14	2	38
Total	26	13	41	3	83

was shown between the two groups in the findings on the number of clients who had reported having committed an offence (Table 45). Forty one respondents (91%) from the incongruent group had reported that no offence had been committed during their attendance at Intermediate Treatment, while 26% (68%) of the congruent group made a similar report.

Delinquent Acts Clients Got Away With

The kinds of delinquent behaviour clients got away with included shop lifting, malicious damage, car theft, glue sniffing and truancy. (Table 46). A high proportion of clients' delinquent behaviour which went undetected was shop lifting. Fifty five (54%) claimed during their first interview that they had stolen from shops and not got caught. During the second interview 29 (35%) admitted to shop lifting for which they had not been caught. There were no significant differences between the congruent and incongruent groups on this dimension. (Table 47) Findings showed that the proportion of delinquent behaviour as reported by clients which had avoided official detection was reduced in the second interview.

Data on clients attitude as to how helpful Intermediate Treatment had been in keeping them out of trouble with the law showed that a majority of clients (80%) felt that Intermediate Treatment had helped them to keep out of trouble. A significantly higher proportion of clients from the incongruent group (87%) than the congruent group (71%) felt that Intermediate Treatment had helped them to keep out of trouble. (Table 48) This finding is consistent with the previous finding on clients' self reported delinquency. It suggests that the incongruent group of clients perceived Intermediate Treatment as having helped them to keep out of trouble and thus most of the clients from this group had not reported committing an offence whilst attending Intermediate Treatment. Fourteen percent of clients did not feel that Intermediate Treatment had helped them to keep

Table 45.

Number Of Clients Reported To Have Offended During
Their Attendance By Their Congruity Of Perceptions Of
Intermediate Treatment With Practitioners (N = 83)

	No Offence Committed	Offence Committed	Total
Incongruent Group	41	4	45
Congruent Group	26	12	38

Chi² = 6.82 ; Df = 1 ; P = < 0.01

Table 46.

Delinquent Behaviour Clients Reported To Have Got
Away With By Congruity Of Perception Between Clients And
Practitioners (N=83)

Type of Behaviour	Inter-view	Incongruent	Congruent	Tot.
Shoplifting	1st	29	26	55
	2nd	10	19	29
Malicious Damage	1st	1	0	1
	2nd	3	2	5
Glue Sniffing	1st	2	0	2
	2nd	4	0	4
Car Theft	1st	3	0	3
	2nd	2	2	4

Table 47.

Changes In The Kinds Of Delinquency Behaviour For Which
Clients Were Not Discovered By Congruity of Perceptions

	No Change		Change		Tot.
	No Delin- quency	Delinq- ency	No Delin- quency	Delinq- ency	
Incongr- ent Group	6	15	20	4	45
Congrent Group	5	16	10	7	38

Total	11	31	30	11	83
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Table 48.

Clients Perceptions Of Whether Or Not Intermediate Treatment had Helped Them Keep Out Of Trouble By Congruity of Perceptions (N =83)

	Helped	Not Helped	Don't Know	Total.
Incongruent Group	39	5	1	45
Congruent Group	27	7	4	38
Total	66	12	5	83

(Chi² = 1.22; Df. = 1; P = Insignificant)

out of trouble and 6% did not know how effective Intermediate Treatment had been in this respect.

Clients' Attitude Towards Adolescent Offending

Clients' attitudes as to why adolescents offend were explored in both interviews. Clients expressed a variety of reasons for their delinquent behaviour. Reasons included boredom, bad company, personal weakness, money, acceptable behaviour, as a laugh, for attention and for excitement. The most frequent reason given was boredom, 27% of cases in the first interview and 31% in the second interview.

There was little change in clients' responses between the two interviews other than at the second interview. None saw wanting attention as a reason for offending although 5 thought it was due to seeking attention during their first interview. (Table 49). There was little difference between the incongruent and congruent groups in attitudes towards adolescents offending except regarding adolescents' own weaknesses. 7/45 of the incongruent group thought that adolescents offended because of their own weaknesses while only one client from the congruent group make the same response.

Congruity Of Clients' Perceptions And Attitude Changes In Clients' Response

Associations between congruity of clients' perception of Intermediate Treatment and attitude changes in their response in the areas related to relationships with peers, adults, the family, attitudes towards school and use of leisure are now examined. Changes in clients' response are inferred from a comparison of the responses made by clients during the first and second interviews. Clients who had made changes within their responses

Table 49.

Clients Reasons For Adolescents Offending
By Congruity Of Perceptions (N=83)

Reason for Offending	Inter-view	Incongruent	Congruent	Total
Boredom	1st	15	13	28
	2nd	13	13	26
Bad Company	1st	3	4	7
	2nd	1	2	3
Personal Weakness	1st	1	3	4
	2nd	7	1	8
Attention	1st	4	1	5
	2nd	0	0	0
Acceptable Behaviour	1st	3	0	3
	2nd	1	1	2
Money	1st	7	8	15
	2nd	4	4	8
Laugh	1st	3	2	5
	2nd	3	3	6
Excitement	1st	0	0	0
	2nd	5	3	8
No Reason	1st	8	4	12
	2nd	11	10	21
Don't Know	1st	1	3	4
	2nd	0	1	1

would include those whose responses changed from positive to negative or vice versa. Clients deemed to have made no change were those who made the same response at both interviews.

Relationships Towards Adults

Clients' response towards their relationships with adults were explored as the following:

1. How clients get on with adults in general
2. How helpful clients saw adults
3. How much advice clients sought from adults
4. How clients viewed adults
5. Whether clients would seek advice from Intermediate Treatment staff (Appendix 8 & 9)

No differences were found in clients' response towards adults between the congruent and incongruent groups except on the question concerning how helpful they perceived adults to be. In this respect more of the incongruent group had made a positive attitude change than the congruent group. (Table 50)

Further, a high proportion of clients from both groups seemed to have changed their responses positively towards adults, in all aspects other than how helpful clients saw adults to be. Clients' responses on whether they would turn to Intermediate Treatment staff for help show that a high proportion of clients had made a more positive change in their view towards Intermediate Treatment staff (40/83).

Clients' Responses Towards Relationships With Peers

Clients' responses towards their relationships with peers were explored in the following areas:

Table 50.

Attitude Change Towards Adults By Congruity
Of Perceptions (N=83)

Aspect of Adult Relationship	Percept- ion	No Change		Change	
		P+VE	N-VE	P+VE	N-VE
Get on with adults	Incon.	33	0	7	5
	Con.	28	0	9	1
Adults being helpful	Incon.	8	9	11	17
	Con.	8	9	3	18
Seek advice from adult	Incon.	25	7	8	5
	Con.	26	3	5	2
Client view of adults	Incon.	15	7	18	5
	Con.	14	5	16	3
Seek help from IT staff	Incon.	4	15	23	3
	Con.	10	8	17	3

1. The way clients got on with their peers
2. How much did clients like other adolescents at school
3. How much did clients like other adolescents in their Intermediate Treatment project
4. The number of close friends clients had

Clients' views about peer relationships were on the whole positive, particularly in response to the question, "How do you get on with kids of your own age?." More than three quarters (65/83) of the clients said they got on with their peers during their first interview and only seven of these changed their response negatively by the second interview. Further thirty four clients had changed their responses positively towards other adolescents at Intermediate Treatment. Findings on clients' views regarding their relationships with peers showed very little variation between the congruent and incongruent groups of clients. On the whole clients had changed their response positively in terms of relationships with their peers (Table 51).

Clients' Response Towards Relationships With Their Families

Clients' views towards their families were expressed in terms of

1. How much interest clients felt their families had in them.
2. How well they got on with their families.

In this area the findings showed no significant differences between the congruent and incongruent groups of clients, although a higher proportion of clients changed their views on their families in a positive rather than a negative direction. (Table 52). Twenty nine (29/83) clients had changed positively in their attitudes towards their families and 40/83 had made a positive change in their views regarding the amount of interest they felt their families had in them.

Table 51.

Changes In Clients' Attitudes To Peers By Congruity Of Perception (N=83)					
Aspects of peer rel- ationship	percept- ion	No change		Change	
		P+ve	N-ve	P+ve	N-ve
Get on with kids	Incon. Con.	35	0	6	4
		30	0	5	3
How clients like school kids	Incon. Con.	22	1	14	8
		19	1	10	8
How clients like IT kids	Incon. Con.	19	0	18	8
		18	0	16	4
No. of close friends clients had	Incon. Con.	18	0	14	13
		19	0	8	11

Table 52.

Changes In Clients' Attitudes Toward Their
Families By Congruity Of Perception (N =83)

Aspect of fam- ily Relationship	Percep- tions	No change		Change	
		P+ve	N-ve	P+ve	N-ve
Getting on with family	Incon.	15	7	14	9
	Con.	9	3	15	11
Interest fam- ily had in client	Incon.	10	3	23	9
	Con.	14	2	17	5

Clients' Views Of School

Clients' views concerning their school experiences were explored in the following areas:

1. How much did they like school
2. Whether clients had been in trouble at school
3. Number of times clients skipped school

Responses to the 2nd and 3rd questions in relation to clients' views of school did not apply to 16 clients who had been expelled from school. Again findings in this area revealed no differences between the congruent and incongruent groups, and more positive change in response towards school was found than negative change. (Table 53). A high proportion of clients had changed positively in the number of times they failed to attend school, 52/67 clients had made positive changes in this dimension.

Clients' Views Towards The Use Of Leisure

Clients' responses related to how they occupied themselves during their spare time were examined in two main areas - first, the kinds of interests clients had, and second, the ways clients occupied themselves in the evenings and in free time they had. Clients' responses towards the kinds of interests they had were categorised into: none, hobbies, sports, discos, cinema and other categories. Regarding interests, more clients responses had changed in a negative rather than in a positive direction during the study. (Table 54)

A great proportion of clients claimed to have had an interest in sport (53%) at their first interview, while there were more clients who thought they had no special interest during the second interview than the first interview of the study (Table 55). Similarly the findings showed no

Table 53.

Changes In Clients' Attitude Towards School By Congruity Of Perception (N=67)						
Aspects of Atti- tude toward school	Percept- ion	No change P+ve	N-ve	Change P+ve	N-ve	Not Appl.
How clients like school	Incon. Con.	11 7	15 9	11 16	8 6	
Trouble at school	Incon. Con.	2 0	17 12	15 19	0 2	11 5
No. of times client in trouble at school	Incon. Con.	4 0	7 2	23 29	0 2	11 5

Table 54.

Clients' Attitudes Towards Their Interests
By Congruity Of Perception (N=83)

Perception	Interests				Tot
	No Change N-ve	P+ve	Change N-ve	P+ve	
Incon.	5	22	11	7	45
Con.	2	27	6	3	38

Table 55.

Kinds Of Interests Clients Had Between 1st And 2nd
Interview And Congruity Of Perceptions (N = 83)

Interv- iew Percept- ion	None		Hobbies		Sports		Cinema		Disco		Other	
	1st	2nd	1st	2nd	1st	2nd	1st	2nd	1st	2nd	1st	2nd
Incon.	12	16	5	3	24	20	1	1	4	2	1	1
Con.	5	8	3	1	27	24	0	0	2	1	0	0
Total	17	24	8	4	51	44	1	1	3	6	3	1

(1st = first interview; 2nd = second interview)

significant differences between changes in clients' attitudes towards their use of leisure and the congruity of their perceptions. Clients' responses regarding the ways they occupied themselves during the evenings and free time were categorised as follows: doing nothing, mucking about, discos, coffee bars, home, watching TV, sports and others. The findings showed on clients' second interview that a fair proportion occupied themselves during the evenings with some kind of sport. None of the respondents felt they had nothing to occupy themselves with in their free time when they were interviewed on the second occasion.

There was little difference between the congruent and incongruent groups of clients in the ways they made use of their leisure time. In the incongruent group 7/45 had made negative changes while 11 had made a positive change, whereas in the congruent group 6/38 had made a negative change while 6 had made a positive change in the ways they used their leisure time. On the whole clients appeared positive in their views about the use of leisure during their second interview. (Table 56)

Changes of clients' responses in the areas of delinquent behaviour, relationships with adults, peers and families, attitudes towards school and use of leisure found between the two interviews showed no significant relationship with how congruent their perceptions were with those of practitioners.

Congruity Of Clients' Perceptions And Clients' Outcome Of Intermediate Treatment

In this section clients' outcome of Intermediate Treatment is examined in terms of positive responses obtained during the second client interviews. Positive responses were examined in the following areas:

Table 56.

Attitude Change Toward The Use Of Leisure
Time By Congruity Of Perceptions

Perception	No change		Change		Total
	N-ve	P+ve	N-ve	P+ve	
Incon.	2	25	7	11	45
Con.	2	24	6	6	38

1. Clients' behaviour in relation to delinquency
2. Clients' relationships with peers, adults and family
3. Clients' views of school
4. Clients' views towards use of leisure

Data on clients' responses were collected in respect of 26 variables related to outcome in the above areas during the second interview. A positive or negative response could be made to each variable allowing each client to score from none to a maximum of 26 positive responses. The distribution of positive responses from clients on the 26 variables is shown in Table 19. The average number of positive responses made by clients was 18. The minimum number of positive responses made by clients was 13 and the maximum 24. (Table 57)

In order to reveal any association between clients' perceptions and the outcome of Intermediate Treatment, clients were split into three groups according to the distribution of positive responses. Since the mean number of positive responses was 18, the groupings were determined on an equal distribution of positive responses made by clients (Table 58).

The groupings were made as follows:

1. Negative outcome = 16 or less positive scores
2. Fairly positive = 17 to 19 positive scores
3. Very positive = 20 or more positive scores

Findings on the degree of positive responses made by clients showed that 23 clients had negative outcomes, 41 fairly positive outcomes and 19 very positive outcomes.

The relationships between outcome and perceptions were examined. The findings showed that there was no significant association between clients' congruity of perception and degree of positive outcome (Table 59). Thus the findings did not support the proposition that the more congruent clients' perception of Intermediate Treatment were with those of the practitioners the more positive their outcome would be.

Table 57.

Frequency Of Positive Responses To 26
Outcome Variables

No. P+ve responses	No. Clients
13	2
14	4
15	7
16	10
17	15
18	7
19	19
20	6
21	5
22	5
23	2
24	1

Table 58.

Clients' Outcome Of Intermediate Treatment

Outcome grade No. clients

Negative (<17) 23

Fairly positive (17-19) 41

Positive (20+) 19

Total 83

Table 59.

Congruity Of Perception By Clients' outcome

Outcome	Incon.	Con.	Total.
Negative	15	8	23
Fairly positive	19	22	41
Very positive	11	8	19
Total	45	38	83

(Chi Sq = 1.511, Df = 2, P = insignificant)

Clients' Outcome Measures In Different Projects

Data on the degree of positive outcome of clients in the 8 Intermediate Treatment projects were examined. Clients who belonged to the 2 Intermediate Treatment day projects (projects G and H) under the direction of the child guidance service showed comparatively less positive outcome measures than clients from the other projects (Table 60).

Clients who were referred by their social worker were also found to have significantly more positive outcome measures than clients who were referred by other sources. (Table 61). As few as 7 out of 48 clients who were referred by social workers fell into the negative outcome group.

Clients Perspective Of The Relevance Of Intermediate Treatment

For all eight projects it was shown that practitioners rated personal and interpersonal emphases as most important to themselves and their centres. In order to ascertain the relationship between clients' outcome and the extent that clients perceived the context of Intermediate Treatment intervention to be relevant, findings on the way clients rated the personal and interpersonal emphasis as most helpful or relevant to themselves were examined. As previously discusses the interpersonal and personal emphases included four emphasis items each. Thus, clients' ratings on the eight emphasis items relating to personal and interpersonal emphases were explored. The distribution of the clients' rating on the eight emphasis items showed that four clients had rated none of the emphasis items as relevant while the maximum number of emphasis items rated by 5 clients was 5 (Table 62).

The average number of emphasis items rated as relevant by clients was three. The client sample was subsequently divided into the group who saw their projects' emphases as relevant ie. the 'relevant' group, and those

Table 60.

Clients' Outcome By Project.

Outcome	Project								
	A	B	C	D	E	F	G	H	
Very positive	3	4	0	3	1	7	0	1	19
Fairly positive	5	7	6	7	5	5	3	3	41
Negative	4	2	2	2	2	1	4	6	23
<hr/>									
Total	12	13	8	12	8	13	7	10	83

(Chi Sq. = 10.33, Df = 14, P = Insignificant)

Table 61.

Clients' Referral Source By Outcome Of Intermediate Treatment (N=83)

Outcome	Social Worker Referrals	Other Referral Agents
Positive	41	21
Negative	7	4

(Chi² = 6.82 ; Df = 1 ; P = <0.01)

Table 62.

Clients' Ratings On Interpersonal And Personal Emphasis
Items As Being Relevant To Themselves

Number of emphases items		
0	****	(4)
1	*****	(8)
2	*****	(28)
3	*****	(23)
4	*****	(17)
5	*****	(5)

who saw their projects' emphases as irrelevant, ie. the 'irrelevant' group, according to the distribution of clients' scores on the interpersonal and personal emphases. The relevant group included clients who had rated three or more of the emphasis items as relevant and the irrelevant group consisted of clients who had rated less than three of the emphasis items as relevant to themselves. As a result the relevant group consisted of 40 clients and 43 were included in the irrelevant group.

Relevance Of Intermediate Treatment Intervention And Clients' Outcome

Findings on clients' outcome of Intermediate Treatment and how relevant they saw the interpersonal and personal emphases showed that there was a significant difference between the relevant group and the irrelevant group of clients (Table 63).

Thirty nine (39/43) of those clients from the relevant group had positive outcome measures as compared with 21/40 clients from the irrelevant group. Further, clients with a view that was more congruent with that of their practitioners also saw more relevance in their projects' emphasis than those clients whose views were incongruent with their practitioners (Table 64).

Findings on the clients' views of the relevance of their project's emphasis thus appeared to support the proposition that the more the content of the intervention is perceived to be relevant by the clients, the more positive will be their outcome.

Clients' Expectations And Outcome Measures In Intermediate Treatment

The relationship between clients' expectations of the effectiveness of Intermediate Treatment and clients' outcome was examined. Of the 83 clients who were interviewed twice, 73 expected some help from Intermediate Treatment.

Table 63.

Perceived Relevance Of Projects' Emphases
By Clients' Outcome

Outcome	Relevant group	Irrelevant group	Total
Very positive	13	6	9
Fairly positive	26	15	41
Negative	4	19	23
Total	43	40	83

(Chi Sq. [Yates correction] = 12.84 ; Df = 2 ; P = < 0.01)

Table 64.

Clients View Of The Relevance Of Intermediate Treatment
Emphasis By Congruity Of Perception (N=83)

	Congruent	Incongruent	Total
Relevant group	30	10	40
Irrelevant group	15	28	43
Total	45	38	83

(Chi² = 11.867 ; Df = 1 ; P = < .001)

As few as 5 said that Intermediate Treatment would not help them while another 5 said they were not sure about the effectiveness of Intermediate Treatment. Findings on clients' expectations failed to show a positive relationship between clients' expectation of the effectiveness of Intermediate Treatment and clients' responses to Intermediate Treatment (Table 65).

Working Contract And Client Outcome

Fifty nine of the 83 clients who were interviewed twice had a working contract. Twenty nine had a contract with their practitioners, 14 with referral agencies and 16 had contracts with both practitioners and a referral agency. Findings on whether the presence of working contracts would influence clients' outcome showed a significant relationship between these two variables. Clients who had a working contract had a more positive outcome in Intermediate Treatment than those who did not have such a contract (Table 66).

Over 50% of clients with no contract had a negative outcome while 17% of clients with a contract had a similar outcome. Those clients with a contract also saw more relevance in the emphasis of their Intermediate Treatment projects (Table 67).

Findings on the relationships between clients' congruity of perception and the presence of a working contract failed to support the hypothesis that clients who had formed a working contract at the beginning of their Intermediate Treatment experience would have objectives more closely similar to the practitioners than those without a contract. There was no significant difference between those with or without a contract in respect of congruity of their perceptions of Intermediate Treatment (Table 68).

Three of the hypotheses tested were not supported by the study data.

Table 65.

Amount Of Help Clients Expected From Intermediate Treatment
By Clients' Outcome (N=83)

Outcome	Amount of help expected				Total
	A lot	A little	None	D.K	
Very positive	5	13	1	0	19
Fairly positive	10	26	1	4	41
Negative	6	13	3	1	23

Total	1	52	5	5	83
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Chi² = 5.244 Df = 6 P = Insignificant

Table 66.

Presence Of Clients' Working Contract By Clients' Outcome
Of Intermediate Treatment (N = 83)

Outcome	Clients With Contract	Clients Without Contract
Positive	49	11
Negative	10	13

(Chi² = 7.92 ; Df = 1 ; P = < 0.01)

Table 67.

Clients' View Of The Relevance Of The Emphasis Of
Intermediate Treatment By The Presence Of A Working Contract (N=83)

	Clients With Contract	Clients Without Contract
Relevant Group	37	6
Irrelevant Group	22	18

(Chi² = 9.62 ; Df = 1 ; P = < 0.005)

Table 68.

Congruity Of Perceptions By Presence Of A Working Contract (N=83)

Perception	Referral Agent	Contract Partner		No Contract	Total
		I.T. Staff	I.T. Staff & Referral Agent		
Congruent Group	9	12	10	7	38
Incongruent Group	5	17	6	17	45
<hr/>					
Total	14	29	16	24	83
<hr/>					

Chi² = 6.63 ; Df = 3 ; P = Insignificant)

The study findings showed that:

1. Successful outcome of Intermediate Treatment is not positively related to the degree of congruity that exists between the perceptions of clients and practitioners concerning the objectives of Intermediate Treatment.
2. There is no positive relationship between clients' expectations of the effectiveness of Intermediate Treatment and its actual outcome.
3. Clients who have formed a contract with their practitioners at the beginning of Intermediate Treatment will have objectives that are no more congruent with their practitioners than those without a contract.

The hypothesis that was supported by the study findings was related to clients' perceptions of the relevance of their centres' intervention, that is, the more the content of the intervention is perceived to be relevant by the client, the more positive will be the client's outcome. Findings also showed that clients who had a working contract had a more positive outcome in Intermediate Treatment than those who did not have a contract.

Summary

Study findings on the relationship between congruity of perceptions between clients and practitioners and clients' responses to Intermediate Treatment showed that there was little difference between the eight projects in terms of the level of congruity of clients' perceptions with those of practitioners.

In the area of delinquent behaviour, more positive changes were reported by the incongruent group of clients in the number of offences committed during their Intermediate Treatment experience than the congruent group of clients. There was little difference in the changes in the type of offence committed by clients before their Intermediate Treatment referral and three months after they commenced Intermediate Treatment. The proportion of delinquent behaviour as reported by clients which had avoided detection was also reduced in the client's second interview.

Findings on clients' self report showed a significant difference between the congruent and incongruent groups of clients who claimed to have not committed an offence during their attendance at Intermediate Treatment. (41/45 of the incongruent group and 28/38 of the congruent group reported that no offences were committed.)

Clients' responses in relation to adults, peers, family, school and use of leisure time, showed that there was generally a positive change in these areas. Proportionately fewer clients reported that they had an interest during their second interview than when they were interviewed at the beginning of their Intermediate Treatment experience (85/102 clients had an interest at the beginning of their referral to Intermediate Treatment, while 59/83 claimed they had an interest during their second interview.)

Analysis of the data on clients' outcome of Intermediate Treatment showed no significant difference between the level of congruity of clients' perceptions with those of practitioners, and their outcome in Intermediate Treatment. Clients from projects G and H (under the child guidance services) had comparatively fewer positive responses than clients from the other projects. Responses from clients who were referred by social work departments had significantly more positive responses than did clients referred by other referral agencies.

A high proportion of clients expected some help from their Intermediate Treatment experience (73/83). However, findings on clients' expectations failed to show a positive relationship between clients' responses and their expectations of the effectiveness of Intermediate Treatment.

Finally the study showed that there was a significant difference between the outcome of Intermediate Treatment between the clients who saw their projects' emphases as relevant and those who did not. Among clients from the 'relevant' group, 39/43 had positive responses as compared to 21/40 from

the 'irrelevant' group. Further, clients' views from the relevant group were more congruent with those of their practitioners than with those of the 'irrelevant' group. Although findings in the study failed to support the hypothesis that clients who had a working contract will have views more congruent with those of their practitioners, for clients who had a contract did appear to have a more positive outcome in Intermediate Treatment and also perceived the emphasis of their projects to be more relevant.

CHAPTER EIGHT

THE REPERTORY GRID AND ITS APPLICATION

The Repertory Grid And Its Application

This chapter is concerned with application of the repertory grid technique to establish the extent of attitude changes in young adolescents who have attended an Intermediate Treatment project. Details of the procedure for the employment of the repertory grid in the measurement of attitudes have been discussed previously (see methods chapter).

The repertory grid technique is essentially an interviewing procedure which is defined in its general structure and can be varied within very wide limits (Oppenheim 1968). In essence the repertory grid technique is an attempt to look at how each individual sees the world around him or part of the individual world of concern to an investigation, for example, attitude towards his family, himself or other people.

Basically all forms of repertory grid technique are derivatives of the original technique proposed by G A Kelly (1955) as an integral part of the development of personal construct theory. The model underlying personal construct theory is explicitly the idea of 'every man his own scientist'. Kelly held that individuals strive to make sense out of their universe, out of themselves and the situations they encounter. To this end, individuals invent and re-invent an implicit theoretical framework which forms their personal construct system. In terms of this system, individuals anticipate events, determine their behaviour and ask questions.

Kelly devised the repertory grid technique as a method for exploring an individual's personal construct system. It is an attempt to be in the other individual's position, to see their world as they see it and to understand their situation and concerns.

Kelly also saw the personal construct system as hierarchical linked sets of bi-polar constructs, for example; beautiful-ugly, good-bad, happy-sad. The difficulties of exploring construct systems by repertory grid or any

other techniques are related to the fact that they give more weight to verbalised and easily accessible constructs. As Kelly emphasised when we talk about the personal construct systems of individuals we are talking about a person's stance towards the world and not about him as a person. Thus Kelly describes a construct in the following terms (Kelly 1969)

"A construct is like a reference axis, a basic dimension of appraisal, often unverbaised, frequently unsymbolised and occasionally unsignified in any manner except by the elemental precesses it governs. Behaviourally it can be regarded as an open channel of movement and the system of constructs provides each man with his own personal network of action pathways, serving both to limit his movements and to open up to him passages of freedom which otherwise would be psychologically non-existent."

Kelly offered several definitions of a construct. For example a construct is 'a way in which two or more things are alike and thereby different from a third or more things.' This definition manifests itself directly in one of the procedures for eliciting constructs. At another time Kelly stressed that when we make a new construction of events we are escaping from the limitations of the 'fact' of earlier abstractions. In all his definitions Kelly retains his essential notion that constructs are bipolar. His argument is that we never affirm anything without simultaneously denying something. The essence of a construct could be seen as a vehicle for enabling us to make sense of the world and to move from one situation to another.

The repertory grid technique was originally devised for use in the field of clinical psychology. Because of its flexible nature the technique has been adapted to various situations outside this field - for example in market research (S. Riley Et.Al. 1968), and political voting behaviour (Fransella & Bannister 1969). Apart from the nature of its adaptability the repertory grid technique was also seen to be an appropriate research instrument to use for looking at attitude change over time as required by the present study. The repertory grid technique also fulfils both

the practical and theoretical requirements of the study and embodies many of the advantages of more traditional methods for measuring attitudes.

Structure Of Repertory Grid Employed In Main Study

The three main types of grid technique include the repertory test, the repertory grid and the situation grid, each of which was discussed in chapter 3. For this study the repertory test and repertory grid were used for reasons already discussed. The most important aspects of the repertory grid technique are the constructs (attributes) and the elements which depend entirely on the purpose of the investigation. The elements are the objects to be compared. They may be people whom the subject knows, the names of physical objects, photographs of people and situations, depending on which construct system is being examined.

A construct is a bipolar concept defined in terms of personal construct theory. It is essentially a sorting category and usually takes an adjectival form. Respondents are asked to score each of a list of elements in terms of each of a list of constructs. Constructs can either be elicited from the subjects or supplied to them. Elicitation of constructs is done by means of a repertory test (see chapter 3). The repertory test allows subjects to choose those attributes which are significant to them. The process requires subjects to compare a list of elements to find a significant way in which two of the triads are similar and different from the third. In this way a list of constructs (attributes) can be established.

The form of repertory grid employed in the study was derived from the result of the pilot study on the repertory grid technique and the repertory grid test carried out in two Intermediate Treatment projects in Scotland (see chapter 3). Thirteen elements were provided in the repertory test which included; self as I am, father, mother, brother, sister, best friend,

girl/boy friend, happy person, someone in authority, person I like, person I dislike and self as I would like to be (see Appendix 4). Subjects were required to compare various triads from the list of 13 elements provided. In order to obtain the appropriate constructs for comparison in the main study, over 50 constructs were obtained from the sample of 33 participants included in the pilot study (see appendix 5). The result was subjected to content analysis and classified into three broad categories following a procedure developed by Duck (1973). The three categories of constructs derived from Duck included:

1. Affective constructs: those which describe the character, personality, or cognitive attributes of an individual.
2. Interaction constructs: are the ones that relate to personal relationships and the interactions of individuals with those around them.
3. Role constructs: are those concerned with the habitual activities or roles of individuals.

The results of the pilot study indicated that respondents tended to employ affective and interaction adjectives to describe the roles of people they knew. The constructs selected for the main study were ones which were relevant to the study's theoretical concerns and also which emerged in the pilot study as constructs which have been most frequently used by respondents to distinguish the elements (see Appendix 5). The following were the five interaction constructs and five affective constructs selected for the main study (see Appendix 6).

Affective Constructs

1. In trouble
2. Happy
3. Kind
4. Confident
5. Clever

Interaction Constructs

1. Liked by others
2. Understanding
3. Helpful to others
4. Easy to get on with
5. Can be trusted

As mentioned in the report of the pilot study previously, 13 role titles (elements) were provided to respondents during the pilot study. Subjects

were required to use the constructs provided as dichotomies and select each element against each of the constructs used as dichotomies (see Appendix 6). Various alterations were made to the elements used and the approach employed during the pilot study. First the dichotomous scoring method was replaced by the ranking method for reasons which have been mentioned previously (see methods chapter).

One problem which arose during the pilot study was that when using the dichotomous method, respondents would sometimes find it hard to see any elements as being characterised by one pole of a construct. As a result this posed certain statistical difficulties if subjects were permitted to note as few or as many elements as they preferred for each pole of each construct (Bannister 1959). It was clearly demonstrated during the pilot study that the use of the dichotomous method demanded less consideration when subjects were discriminating the elements for the appropriate constructs provided in the grid. The rank ordering method proposed by Phillide Salmon, although first introduced by Bannister (1963) was therefore used for the study. This method arose out of the attempts to deal with the 'lopsidedness' problem and has remained the method of choice for many. One of the attractions of the rank order grid is that ranked data lend themselves to many methods of analysis (Bannister 1965, Slater 1964, Fransella 1965, Webster 1970, Fransella & Joyston-Bechal 1971). The rank ordering method also makes more interesting demands on the subjects of research.

The second variation in the repertory grid method in the main study was related to role titles (elements) employed. With the pilot study participants found it hard to construe a person they know for the role title a 'successful person' and a 'person in authority': with the elements of 'best friend' and 'person I like', respondents tended to construe them as the same person. Respondents also found it difficult to identify 13 different people whom they knew and appropriately fitted into the list of role titles provided

in the grid. As a result elements which were found to be inappropriate in the pilot were discarded.

The following elements were used for the study;

1. Myself as I am
2. Father
3. Mother
4. Brother
5. Sister
6. Best friend
7. Girl/boy friend
8. A sad person
9. Teacher
10. Myself as I like to be

The above elements were chosen to represent the area in which construing is to be investigated which included clients' attitudes to themselves, their peers, families and to authority.

Kelly (1955) suggested 24 possible role titles which he grouped under seven different headings to suit the purposes of investigations. Following Kelly's element groups those employed in this study were grouped as follows:

1. Self - Self As I Am - Self As I Would Like To Be.

Here the comparisons were to provide an understanding of client's attitudes towards themselves and their self-esteem both before and after exposure to Intermediate Treatment.

2. Family - Mother - Father - Brother - Sister.

The comparisons enable clients to reveal their family relationships.

3. Intimates/peers - Best Friend - Girl/Boy Friend.

This according to Kelly brings out features of personal conflict, attitudes towards the opposite sex and attitude towards an intimate figure from a peer group.

4. Authority - Teacher.

The comparison reflects how much clients accept or reject figures of authority, eg. teachers.

5. Values - A Sad Person.

Clients were requested to compare 'sad people' in their lives. This was intended to throw light on how clients conceive of happiness and sadness among the people they know.

A card sorting procedure was used by respondents during the main study. Respondents were given a simple explanation of the reasons for the exercise and what they were expected to do on the repertory grid. Each respondent was presented with ten cards each with the role titles to be compared written on each of the ten cards. Respondents were to write the name of a person they knew who fitted the role title in question on each role title card. Respondents were then asked to rank the ten role title cards in order of elements best described by the construct. This procedure was carried out for each of the ten constructs. The order of the rank for each role title was written down on a 10 by 10 repertory grid form immediately after each respondent's ranking of each role title (see Appendix 7). The ranking procedure was undertaken by each respondent at the beginning of their attendance at the Intermediate Treatment project and a second time three months later.

Application Of The Repertory Grid In The Main Study

During the main study respondents were presented with the repertory grid before being interviewed with the structured questionnaire. Respondents were given a simple explanation of what they should do for the ranking of the elements against the constructs. For some cases respondents were given the meanings of some of the constructs used, eg. 'confident' and 'can be trusted'. On the whole respondents had little difficulty in understanding the meanings of the constructs in the repertory grid.

As the elements of the repertory grid employed during the main study most respondents were able to nominate a person to represent the elements concerned. The only elements for which respondents found it difficult to think of a representative was 'a sad person'. Some respondents felt that they could not think of anybody whom they could put forward as a 'sad person'.

The element 'sad person' did not seem to fulfil the two major factors which Kelly referred to as pertinent when selecting the type of element to be used in a grid (Kelly 1955). The first factor specifies that elements must be written within the range of convenience of the constructs to be employed. Constructs are discriminations we make between people and events, but each applies only to a limited number of people, events or things. Therefore it would be meaningless to include elements which respondents have difficulty construing or are open to a variety of interpretations. As Kelly suggested, the respondents need to be given the opportunity to say when a construct is inapplicable to their lives. Kelly also suggested that elements used in a grid must be representative of the pool from which they are drawn. As Kelly put it;

"If the test is to indicate how the subject develops his role in the light of his understanding of other people, it is necessary that the people appearing as elements in the test be sufficiently representative of all the people with whom the subject must relate his self-construed role."
(Kelly 1955)

Kelly developed the use of the role title list to ensure adequate element representation. At the second interview most subjects had difficulty in recalling the person that they nominated for the element 'sad person' during their first interview. Some said that they could not possibly think of an appropriate person to fit in the element 'sad person'.

Representativeness of elements was investigated by Mitsos (1958). He elicited constructs from one group of subjects using titles and from a second group by using lists of names of friends. When retested three months later the group using role titles produced significantly more identical constructs than the groups using names of friends. Mitsos pointed out that people with role titles are likely to provide the same people on a second occasion whereas after three months friends can change. For the reasons mentioned above the output on the element 'sad person' was

not included in the analysis of the repertory grid.

During the first interview, 102 respondents completed the repertory grid and 84 repeated the exercise a second time (Table 69). One respondent from project A completed the repertory grid twice but unfortunately dropped out of the project before the second interview was carried out on the questionnaire relating to other aspects of the research enquiry. On the whole respondents found the repertory grid an acceptable approach and had no difficulty in following the instructions of what they should do apart from the ones above. However, the card sorting method was rather time consuming and demanded a certain amount of concentration from respondents. At times the atmospheres of the projects were not entirely conducive to the exercise.

Methods Of Analysis And Grid Comparisons.

The aim of employing the repertory grid method in the study is to establish changes in clients' attitudes towards authority; family, peers and self, in a quantified form. The repertory grid was considered an appropriate method to adopt from the result of the pilot study. Changes in clients' attitudes involved a comparison of grids referring to the same elements and constructs. Thus respondents had to fill in the same grid on two occasions. Comparing grids aligned by constructs and elements is simplest when one may suppose that grid differences obtained from the same informant on two occasions would indicate the effects of some training or treatment the subject has received during the interim period.

The method of grid comparison has been used widely for multitudes of purposes. For example comparison between different grid forms was used by Fransella (1965), Main and Boyd (1967). Fransella (1976), Homans (1977), Bannister (1972), Slater (1968). A variety of programs have also been

Table 69

Numbers Of Respondents Completing First
And Second Repertory Grids By Centre.

Centre	A	B	C	D	E	F	G	H	Total
1st Rep. Grid	17	15	8	15	11	16	8	12	102
2nd Rep. Grid	13	13	8	12	8	13	7	10	84

written for making comparisons. The more common ones which have been adopted by researchers were the ones written by Fager (1962), Kelly (1963), Slater (1964), McQuitty (1966), Ravenette (1978) and others. Most of the above programs are extremely complex and sophisticated and often they were more appropriate for the in-depth case-study analysis.

For the purpose of the present study a group analysis of grid comparisons was employed. The specific dimensions which were examined related to changes between client's first and second entries of their grids.

The grid differential changes is formed by subtracting the entries in the first grid from the entries in the second grid. The result of the grid differential changes in the elements which were analysed included, self as I am, mother, father, brother, sister, best friend, girl/boy friend, teacher and myself as I like to be. These were categorised into five main element groups according to Kelly's suggested groupings noted above.

1. Self as I am
2. Family (mother, father, brother, sister)
3. Peers (best friend, girl/boy friend)
4. Authority (teacher)
5. Self as I like to be

In order to manage the amount of data produced by the repertory grid, the constructs were categorised into two main groups, affective and interaction (see previous section). A cross tabulation between the differential changes in the five element groups and the two construct groups was analysed in terms of positive change, no change and negative change.

A mean score for each element group against each construct group was analysed. The distribution on clients' differential changes for each element group against affective and interaction constructs was analysed. The result of the clients' differential changes was divided into three groups, those with a positive change, no change and negative change. The cut off points delimiting each of these groups were made over the mean score

on clients' differential changes for each client group against personal and interpersonal constructs. For the element groups other than that labelled 'family' the score for positive changes included all cases scoring over 5, no change was considered to be between +5 and -5 and negative changes were those scoring less than -5. For the element 'family' the mean score is between scores of +10 to -10. Thus the cut off points chosen as indicating change were, positive change more than +10, no change between +10 and -10 and negative change less than -10.

Findings On The Grid Of Differential Changes.

Findings on change in the five element groups and two construct groups showed that the two elements, 'self as I am' and 'self as I would like to be', have a positive change on both the affective and interaction constructs (Table 70).

Forty-five respondents showed a positive change for the element 'self as I am' in terms of interaction constructs and 47 showed a positive change for the same element in relation to affective constructs.

For the element 'self as I would like to be' 56 respondents showed a positive change in the interaction constructs and 32 in the affective constructs. As few as eight respondents have a positive change for the element 'peers' for the affective constructs. Fifty one out of 83 respondents showed a negative change in the peer group element. The changes found suggest that most respondents experienced a positive attitude change for self esteem and self conception as compared with attitude changes toward their families, peers and authority.

To some extent the findings on respondents differential changes in their self conception and self esteem reflected one of the major emphases of Intermediate Treatment. The findings on practitioners' perspectives

Table 70.

Clients' Differential Changes In
Constructs And Elements (N=83)

Constructs	Self as I am		Family		Peers		Authority		Self as I like to be	
	INT.	/ Aff.	INT.	/Aff	INT.	/Aff.	INT.	/Aff.	INT.	/ Aff.
P+ve change	45	47	19	10	9	8	29	36	56	32
No change	25	22	24	50	34	24	35	39	23	46
N-ve change	13	14	40	23	40	51	19	8	4	5
Total	83	83	83	83	83	83	83	83	83	83

(INT. = Interaction : Aff. = Affective)

on the functions of Intermediate Treatment in Chapter 5 showed, most practitioners in the Intermediate Treatment projects as seeing the functions in Intermediate Treatment as being to:

1. Develop and strengthen young person's personality and potential.
2. Help youngsters develop greater self esteem and self awareness.

Previous findings on client's perspectives of Intermediate Treatment showed that the personal emphases in Intermediate Treatment such as:

"Making you more sure and confident of yourself."
 "Having to make decisions for yourself."
 "Being able to take responsibility."
 "Having the confidence to do a job on your own,"

were not seen by respondents favourably in terms of their importance as functions or as being a helpful component of Intermediate Treatment.

Congruity Of Clients's Perceptions And The Grid Of Differential Changes

Differential changes measured by the repertory grid on the groups of clients with congruity of perceptions and those with incongruity of perceptions were examined. In the section on client's perceptions of Intermediate Treatment and their outcome, clients were divided into two groups, ie. those with perceptions which were congruent and incongruent with Intermediate Treatment practitioner's views of the emphases of Intermediate Treatment. The sample was divided as near as possible to the median on the result of clients' ratings on Intermediate Treatment emphases. This divided the sample into 38 'congruent' and 45 'incongruent' respondents (see above).

No apparent differences in attitude change were found between the two groups (Table 71). The only difference between the two groups was in relation to the grid element 'authority'. A comparatively higher proportion

Table 71.

Congruity Of Client's Perceptions Of Intermediate
Treatment By Differential Changes In Attitude
Measured By The Repertory Grid (N=83)

Elements	Self As I Am		Family		Peers		Authority		Self As I Like To Be											
	INT.	Aff	INT.	Aff	INT.	Aff	INT.	Aff	INT.	Aff										
Constructs	INT.	Aff	INT.	Aff	INT.	Aff	INT.	Aff	INT.	Aff										
Congruity	C I	C I	C I	C I	C I	C I	C I	C I	C I	C I										
P+ve Change	19	26	19	28	10	9	0	6	5	4	4	4	22	7	20	16	27	29	17	15
No Change	14	11	12	10	10	14	23	27	14	20	10	14	9	26	15	24	7	16	20	26
N-ve Change	5	8	7	7	18	22	11	12	19	21	24	27	7	12	3	5	4	0	1	4
Total	38	45	38	45	38	45	38	45	38	45	38	45	38	45	38	45	38	45	38	45

(INT. = Interaction : Aff. = Affective)
(C. = Congruent : I. = Incongruent)

of clients from the congruent group showed positive changes for the element 'Authority' than clients from the incongruent group. Over 50% of the congruent respondents showed positive changes in terms of interaction constructs and affective constructs for the 'Authority' element (Table 72). In this section the respondents' grid of differential changes is examined in relation to whether the presence of a working contract would affect attitude change. As previously noted 59 respondents had some form of working contract while 24 had no contract with practitioners. The grid of differential changes showed that those clients with a working contract had a more positive change of attitude than those without a working contract (Tables 73 & 74).

The findings showed that 64% of respondents with a contract had a positive grid of differential changes in affective constructs relating to the element 'self as I would like to be'. Only 33% of clients without a contract showed a positive change in this element. Regarding the element 'self as I am', those respondents with a contract showed a more positive change in the affective constructs, 68% as compared with 29% of those without a contract.

It appears that those clients who formed a working contract with an Intermediate Treatment practitioner had a greater awareness of the emphasis of Intermediate Treatment, ie. development of personality and self esteem. This is compatible with other findings of the study in that over 50% of clients with no contract had a negative outcome while 17% of those with a contract had a similar outcome.

The Relevance Of Intermediate Treatment Intervention And Grids of Differential Changes

In the previous chapter the findings on how respondents saw their projects' emphasis as relevant in relation to the outcome of Intermediate

Table 72.

Congruity Of Clients' Perceptions Of Intermediate
Treatment By Differential Changes In The
Element 'Authority' (N=83)

Element	Authority					
	Interpersonal			Personal		
Construct	Congruous		Incongruous	Congruous		Incongruous
	N	%		N	%	
P+ve Change	22	58	7	16	20	53
No Change	9	24	26	57	15	39
N-ve Change	7	18	2	4	3	8
Total	38	100	45	100	38	100

Table 74.

Clients' Working Contracts By Grid Of Differential
Changes For Elements 'Self As I Am' & 'Self As I
Would Like To Be' (N=83)

Elements	Self As I Am		Self As I Would Like To Be			
	Contract		No Contract		Contract	
Construct	Aff	Int	Aff	Int	Aff	Int
P+ve Change	28	40	7	16	38	33
					8	11
No Change	25	16	15	4	16	20
					7	4
N-ve Change	6	3	2	4	5	6
					9	9
Total	59	59	24	24	59	59
					24	24

(Aff = Affective : Int = Interaction)

Treatment were discussed (Chapter 7). A total of 40 respondents perceived the content of Intermediate Treatment intervention as relevant while 43 did not. Respondents who viewed the content of intervention in Intermediate Treatment as relevant experienced the most positive outcomes.

Differences in the grids of differential changes for the two groups did not support our previous findings. No substantial differences were found between those respondents who perceived Intermediate Treatment as relevant and those who perceived it as irrelevant, with respect to the grid of differential changes (Table 75).

Conclusion

Analysis of the data obtained by the repertory grid showed little difference between congruity of perceptions in clients attitudes towards Intermediate Treatment and their attitude changes. The findings support the previous analysis of attitude change and perceptions of Intermediate Treatment based upon data from other sections of the questionnaire.

Similarly the findings on clients' attitude change with the use of the repertory grid also support previous findings on clients' working contracts and outcome of Intermediate Treatment. It appears that those clients who formed a working contract at the beginning of their Intermediate Treatment experience had more positive attitude changes than those who did not have a working contract.

There was no significant differences in terms of attitude change, as assessed by the repertory grid, between the groups of clients who perceived Intermediate Treatment to be relevant and those who did not.

Finally, the findings from the repertory grid showed that clients have positive change in attitude towards their own self esteem and self concept.

Table 75.

Relevance Of Intermediate Treatment Intervention And
Grid Of Differential Changes (N=83)

Elements	Self As I Am		Family		Peers		Authority		Self As I Would Like To Be	
	Aff	Int	Aff	Int	Aff	Int	Aff	Int	Aff	Int
Constructs	R	I	R	I	R	I	R	I	R	I
Relevance	20	26	20	24	6	5	10	8	4	4
P+ve Change	20	26	20	24	6	5	10	8	4	4
No Change	13	10	16	8	28	21	13	14	7	14
N+ve Change	10	4	7	8	9	14	20	18	29	22

Total	43	40	43	40	43	40	43	40	43	40

(Aff = Affective constructs : Int = Interaction constructs)
(R = Relevant, I = Irrelevant)

This was reflected in positive changes in attitudes for the elements of 'self as I am' and 'self as I would like to be', for all ten constructs. This possibility reflects one of the major emphases of Intermediate Treatment and among Intermediate Treatment practitioners who felt development of a clients' personality, self image and self esteem were an important function of Intermediate Treatment.

CHAPTER NINE

DISCUSSIONS AND CONCLUSIONS

Summary And Conclusion

The study was developed with the intention to explore and assess the nature of Intermediate Treatment as a form of community based programme for young adolescents. The study was also designed to deal with some of the fundamental issues such as objectives and effectiveness of Intermediate Treatment from both consumers' and practitioners' perspective. In this concluding chapter, the findings of the study are reviewed and discussed in the context of the following:

1. The study's theoretical propositions
2. Policy and Research in Intermediate Treatment

Theoretical Propositions Of The Study

The study was designed to test the extent to which client's responses to Intermediate Treatment were associated with the congruence of client's and practitioners' views, concerning the objectives of Intermediate Treatment. The four research hypotheses for empirical testing were derived from theoretical assumptions explicated by various theorists in the fields of psychology, psychotherapy, counselling and social work practice, on the subject of attitude and behavioural change in clients. The following are the research hypotheses of the study:

1. Where the views of clients and practitioners towards the objectives of Intermediate Treatment are congruent, clients will have a more positive response.
2. Clients' responses will be more positive when the content of intervention in Intermediate Treatment is perceived by clients to be relevant.
3. Clients' response to Intermediate Treatment will be positively related to their expectations of the effectiveness of Intermediate Treatment.
4. Clients who have formed a 'working Contract' with their practitioners at the beginning of their Intermediate Treatment experience, will have views more congruent with those of their practitioners' than those clients without a 'working contract'.

Congruity Of Perceptions Between Clients And Practitioners And Clients' ResponsePractitioners' And Clients' Perspectives Of Intermediate Treatment

Study findings showed that there was a high level of agreement between all practitioners from the eight projects that the 'treatment' function was the most important in Intermediate Treatment. Practitioners' views of their projects' emphases were also consistent between the projects in the study. A majority of practitioners considered the 'personal' and 'interpersonal' emphases to be their projects' emphasis. The study demonstrated that the prevailing view of the practitioners in Intermediate Treatment was concerned to provide support toward clients' personal development and to improve their interpersonal relationships with others. Delinquent behaviour was conceived by many practitioners as the manifestation of other underlying problems of their clients, such as lack of self-esteem, self confidence, and difficulty in their relationships with others. Similar findings were shown in R.Adams and his colleagues' case studies on six Intermediate Treatment projects. (R.Adams et al 1981). They found that the 'Treatment' and the 'Social Education' approach were prominent amongst the projects in their study. Several objectives of the projects were about improving personal relationships with adults and with other children and personal growth and maturation.

Findings on clients' views as to the objectives and emphases of Intermediate Treatment were not comparable to those of practitioners'. Most of the clients saw the reasons for their referrals as being related to their delinquent behaviour and their difficulties at school, while reasons for referral to Intermediate Treatment according to clients' referral records were frequently connected with clients' difficulties in their personal relationships. A high proportion of clients considered the

primary objectives of Intermediate Treatment was concerned with delinquency reduction. Clients' response to the question concerning their projects' emphases were consistent with their views on the aims of Intermediate Treatment. A majority of the clients in the study saw the 'Control' emphasis corresponded most closely to their projects' emphasis.

The client sample was divided into the 'congruent' group and the 'incongruent' group according to the closeness of their views as compared with those of practitioners' towards the objectives of their projects. Findings on clients' outcome of Intermediate Treatment and the congruity of their perceptions with those of practitioners' showed no significant differences in outcome between the 'congruent' and 'incongruent' groups of client. However, the two Intermediate Treatment day projects (projects G & H) had more clients in the 'incongruent group' than the 'congruent group' and their clients appeared to have fewer positive responses than clients from other projects in the study.

The study findings suggested that clients from projects G and H who had been expelled from school or had difficulties at school were referred to Intermediate Treatment as an alternative to the school system. Thus the aims of the two projects, as previously discussed, were predominantly concerned with clients' education and social skills. In practice the projects' programmes were very closely related to a school setting. Possibly clients attending these two projects had comparatively less time to spend on interpersonal activities as compared with clients in other projects. Responses of clients from project G and H on the areas relating to interpersonal relationships with family, peers, school and their self conception could be a reflection of the projects' orientation to working with clients.

Further, the study showed that those clients who were referred by social workers had significantly more positive responses than clients who

were referred by any other sources. This can be explained by the fact that social workers in general have a clearer view of the concept of Intermediate Treatment as compared to other referral agencies. Thus clients who were referred by their social workers would have been more informed on issues concerning the purpose behind their referral and the nature of their involvement in Intermediate Treatment. Clients would also have a clearer view of what was expected of them and what to expect from Intermediate Treatment. To some extent the study suggest that for those clients who had a better understanding of the purpose of their participation in Intermediate Treatment would have made greater progress than those clients who were less informed.

Relevance Of Intermediate Treatment Intervention And Clients' Response

Datas on clients' views of the relevance of their projects' emphases were examined. The client sample was divided into the 'relevant group' and the 'irrelevant group' to the distribution of clients' scores on their views towards the relevance of the emphases in their projects. The study findings supported the hypothesis that those clients who saw the content of intervention as relevant would respond more positively to Intermediate Treatment than those clients who did not. The 'relevant group' of clients showed significantly more positive response than the 'irrelevant group' of clients. Further, the 'relevant group' of clients were found to have views more congruent with their practitioners than those in the 'irrelevant group'.

Clients' perceptions of the relevance of Intermediate Treatment were consistent with their views towards the objectives of Intermediate Treatment. The majority of clients perceived the emphasis on 'control' within their projects as the most relevant aspect in Intermediate Treatment. The consistency of clients' view concerning the importance of

'Keeping out of trouble' suggested that clients had a different understanding of the causation of delinquency from that held by the practitioners. As mentioned previously, a great proportion of clients believed that they were referred to Intermediate Treatment because of their delinquent behaviour. The findings on clients' and practitioners' perspectives of the objectives and relevance of Intermediate Treatment suggested that practitioners tended to focus on the 'treatment' function of Intermediate Treatment. In the study practitioners viewed Intermediate Treatment as a means of providing opportunities for clients to develop themselves, their personal relationships with others and of developing a better self-esteem etc. Thus activities such as group discussion, counselling and residential excursions were seen by practitioners to be valuable opportunities, whereby clients could develop rewarding relationships and understanding of themselves. Clients' perceptions of the function of Intermediate Treatment on the other hand tended to present it as mainly diversionary in nature, that Intermediate Treatment deflected them from getting involved with delinquent behaviour and to occupy them with new experiences. Clients tended to see the need to 'Keep out of trouble' and this is amplified in their response to the control element of Intermediate Treatment.

Clients' Expectations And Their Responses In Intermediate Treatment

Research evidence from the present study failed to support the hypothesis that clients' responses to Intermediate Treatment would be positively related to their expectations of the effectiveness of Intermediate Treatment. Most of the clients who were interviewed the second time, claimed that they expected some help from Intermediate Treatment (73/83). On the whole, clients' expectations of their Intermediate Treatment experience was positive. Most clients reported that they expected to make improvement in more than one aspect of their lives. The most frequent expected achievement reported

by clients was 'keeping out of trouble'. Over half of the clients in all eight projects expected to make improvement in relating to adults. The findings on clients' expectations suggest that for most clients, the delinquency control function of Intermediate Treatment was paramount in importance for themselves. Further, as mentioned previously, a large number of clients believed that their referrals to Intermediate Treatment were connected with delinquent behaviour. Thus to keep out of trouble was seen by clients as an expectation of their commitment to participate in Intermediate Treatment.

Working Contract And Congruity Of Perceptions Between Clients And Practitioners

The study findings on clients' 'working contract' and their outcome in Intermediate Treatment, did not support the hypothesis that clients who have formed a 'working contract' at the beginning of Intermediate Treatment would have views more congruent with those of their practitioners' than those without a 'working contract'. However, data on clients' 'working contract' revealed two significant relationships. First, clients who had a 'working contract' showed significantly more positive responses to Intermediate Treatment than those without. Second, those clients with a 'working contract' also saw more relevance in their projects' emphases than those without a 'working contract'. These findings were consistent with the research evidence which sustained the second hypothesis of the study, that those clients who saw the relevance of Intermediate Treatment would have more positive response. The study findings suggest that 'working contracts' between clients and practitioners are important for effective social intervention. One of the assumptions behind the concept of 'working contracts' is that it serves to clarify aims and objectives for both clients and practitioners and helps to remove any resistance and suspicions from the part of client during the process of treatment or

social intervention. Clients who had a 'working contract', would have a clearer view of the reasons and purpose behind their referral to Intermediate Treatment, how their projects might help them, what was expected of all the parties to the contract, the length of time that they expected to stay etc. Thus clients were able to see the relevance of their involvement in Intermediate Treatment. In the study some clients appeared to have misconceived the whole purpose of their referral to Intermediate Treatment, others were unclear about who were their referral agencies. Therefore, some form of agreement, a mutual goal setting process would help to clarify to both clients and practitioners the objectives of the service.

Incongruent Views Between Clients And Practitioners

Clients and practitioners in the study appeared to have different perspectives of Intermediate Treatment in terms of its functions, emphases, relevance and value of its provision. This can partly be explained by the fact that clients and practitioners have different conceptions of the causation of delinquency, which have substantial implications for the effectiveness of Intermediate Treatment. To most clients in the study. Intermediate Treatment was seen as a diversionary approach to dealing with delinquency, measures to prevent adolescents from offending. Study findings on clients' responses have consistently shown that clients' views of the function of Intermediate Treatment was to 'Keep them off the streets and keep them out of trouble'. Clients saw their problems to be one of deprivation of normal experiences and opportunities. Thus the more specialist social work approach such as group discussions, counselling sessions would have very little relevance to clients and the fun and excitement which other activities offered were seen as important elements in Intermediate Treatment by clients. Similarly, 'boredom' was one of the major reasons given by

clients for adolescents to offend.

In the study, practitioners tended to emphasise the 'treatment' function of Intermediate Treatment, whereby delinquent behaviour or other social problems were seen to be caused by some underlying 'conditions'. Thus treatment of intervention was directed at the underlying problem of clients. To this end practitioners often gave great emphasis to the growth and developmental needs of their clients. Similar findings were shown in R Jones' study on 'Consumer and Social Worker Perceptions of Intermediate Treatment'. In his study, R Jones found that social workers tended to see delinquency as resulting from pathology - personal pathology which had its roots in family pathology, whereas the adolescents and parents tended to stress boredom and limited opportunities as the cause of delinquency. (R Jones 1979)

Policy And Research Implication In Intermediate Treatment

In this final part of the chapter, study findings which give directions to possible improvements in various aspects of practice in Intermediate Treatment will be discussed and areas for further research in Intermediate Treatment will be examined.

Clearer Objectives In Intermediate Treatment

The study has indicated the important association between clients' perceptions of the relevance of Intermediate Treatment intervention the progress made by clients. The study findings suggest that clients who saw the relevance of Intermediate Treatment would have a more positive outcome in Intermediate Treatment than those who did not. Most of the Intermediate Treatment projects in the study had broad preventive objectives relating to the personal growth and development of clients, or some form of positive discrimination to provide stimulation and compensation to young

activities in their projects and clients' willingness to try out Intermediate Treatment. Written contracts appeared to be more desirable than verbal contracts, for the reason that during interviews with clients, some of those who had verbal contracts had completely forgotten whether a contract had been formed, what was being discussed with Intermediate Treatment practitioners and referral agencies and what had been agreed upon. The importance of written contracts have been recognised and put into practice by many Intermediate Treatment projects at present. (R Jones & Kerlake 1979, R Adams et al 1981, ITRC 1968). With written contracts both clients and practitioners are better able to tell if a given objective is being worked on or achieved, when the goals are spelled out in writing.

More Corporate Work Between Specialist Intermediate Treatment Staff and Referral Agencies

There has been very little corporate work carried out between Intermediate Treatment practitioners and referral agencies in the study. Referral agencies often have very little idea of the programmes that their clients were involved in Intermediate Treatment. For some referral agencies, their contract with Intermediate Treatment practitioners stopped after the referral procedure was completed. One of the common complaints from Intermediate Treatment practitioners on referral agencies was that they showed insufficient interest and commitment to the work that the project was involved. Several social workers who have made referrals to projects in the study took part in some of the Intermediate Treatment activities with their clients on several occasions. Unfortunately their attendance were inconsistent and infrequent to have any positive effect on their clients. Understandably, most social worker practitioners were not given official recognition in their commitment to participate in Intermediate Treatment programmes. Social worker practitioners were not given the time nor the resource for

people living in deprived areas. In general, most of the projects in the study can be seen to be involved in preventive work with a wide range of young people who might get into trouble. Often there was a lack of explicit statements made by referral agencies and Intermediate Treatment practitioners on the objectives of their programme and the methods by which their objectives were met. Some clients seemed to be unclear as to the reasons why they were referred to Intermediate Treatment. If issues such as delinquent behaviour, truancy and lacking in self-confidence are to be tackled with clients, they should be informed about the objectives of the Intermediate Treatment programme in relation to their problems. Clients will need to see the relevance of Intermediate Treatment intervention to their own difficulties, in order to be motivated to do something about them. Thus it is important for Intermediate Treatment practitioners and referral agencies to spell out explicitly to their clients, the objectives of the referral and the ways in which these objectives can be reached.

Contracts With Clients

The study showed that the presence of 'working contracts' have effectively influenced clients' progress in a positive in Intermediate Treatment. The study findings suggest that 'working contracts' should be drawn up between clients, Intermediate Treatment practitioners and referral agencies during the process of Intermediate Treatment referral. In this way, all three parties would be clear about the objectives of the programme involved, what is expected of all the parties, the methods by which the objectives are met and the duration of the programme.

In the study most of the contracts were made between clients and Intermediate Treatment practitioners. The main concern of the contracts were related to clients' attendance, clients' participation in various

their interest in Intermediate Treatment and their involvement in any Intermediate Treatment activities were carried out in their own time. Nevertheless there should be more corporate work and liason carried out between specialist Intermediate Treatment staff and referral agencies in terms of clients' progress review and the changing needs of clients. One or two projects in the study claimed to enjoy very good relations with area social workers including the development of joint projects. For instance in one project it became established that Intermediate Treatment practitioners would provide reports for hearings in addition to those prepared by the client's own area social worker.

More Specific Approach In Intermediate Treatment

Most of the projects in the study adopted similar approach and offered a wide range of activities to all their clients. Many Intermediate Treatment practitioners related the use of activities, new experiences and exercised to a structured programme for developing young people's social skills and their ability to develop relationships with adults. Whatever the activities being provided by Intermediate Treatment, these should not be seen as a means to an end. The content of the programme and the approach used should more accurately reflect the needs of individual client. This is particularly important for the less structured projects, where often activities offered to clients were an end in itself. Clients need to be aware of the purpose of their participation, the aims of the activities and the means of the programmes in their projects. Intermediate Treatment should include more specific approaches which help young people to work through the difficulties which they face.

Intensity Of Intermediate Treatment Intervention

The programmes of the Intermediate Treatment projects included in the

study have been described in the earlier chapters. In general, most of the projects were low intensity groups in which clients met once or twice per week with the exception of project G and H which were day centres, served as an alternative to school for most clients. The duration of clients' stay was also limited to not more than three to six months for most projects. Similarly, Jones and Gallagher found in their survey that in 1981, over half of Scottish Intermediate Treatment provision was of the non-intensive type, ran predominantly by local authority social workers. (Jones & Gallagher 1981). Further, they found in their study that only a few of the larger schemes in Scotland offered Intermediate provision at differing levels of intensity. The review carried out by the Intermediate Treatment Resource Centre in 1986 also indicated that most of the Intermediate Treatment provision in Scotland were of low intensity in nature and further, a great proportion of these provisions were carried out by generic social workers. The review also pointed to the fact that in several Regions, Panel members felt that this kind of service was unsatisfactory as it was not consistently available. This was due to the fact that local authority social workers must give precedence to individual caseload demands, thus their priority to plan and run a regular Intermediate Treatment service was often low. (ITRC 1986).

A large number of clients in the study felt that the duration of their attendance in Intermediate Treatment was too short, and others felt that they would have liked to have met more often in the week. Practitioners have also expressed their concern on the short period of their clients' involvement in Intermediate Treatment. For instance, practitioners from one of the projects operated under the area team social work department, felt that several of their clients would have benefited from a more intensive and longer period of Intermediate Treatment. Unfortunately the project was terminated after three months due to financial and staffing

difficulties.

Clients' and practitioners' response to the intensity and duration of Intermediate Treatment attendance in the study suggest that a systematic planning for Intermediate Treatment provision at differing levels of intensity would be necessary, in order to tailor the individual needs of clients. This would embody a number of facilities and varieties of programmes with varying degrees of intensity, catering for specific intended target groups in Intermediate Treatment. In this way, individual young people would more likely be placed in the most appropriate programme.

More Adequate Provision Of Resources And Staff Training in Intermediate Treatment

The provision of Intermediate Treatment in Scotland is still seen to be underfinanced in various aspects by most local authorities. (Jones & Gallagher 1981, ITRC 1986). Intermediate Treatment is still seen by many Scottish regions as a fringe resource for community support of young people and families in difficulties. Some of the projects in the study appeared to be suffering from lack of resources, facilities and organisational support in terms of staffing and staff training.

One of the major difficulties which confronted most of the Intermediate Treatment projects was having suitable premises. As mentioned earlier, most of the premises used by the projects in the study were not purposely built for Intermediate Treatment. Some of the premises used by the projects included old church hall, matron's home, old school buildings and old family house. One or two of the projects were also suffering from a constant threat of change of premises. One project which was organised by area team social workers, had the use of the area team social work office for Intermediate Treatment activities, in which the accommodation was designed for some other purposes than Intermediate Treatment. It appeared in the study that suitable premises was essential for the operation of

Intermediate Treatment activities appropriately. It is important that premises to be made available for Intermediate Treatment should take into consideration the range of facilities to be provided, the accessibility of the project to clients in terms of transport and how acceptable the project would be to the local community.

A second major constraint amongst the projects in the study was adequate staffing. Most of the projects in the study were staffed by practitioners with very little training in Intermediate Treatment and experience in group work practice. In several projects staffs were funded by Urban Aid Grant, which meant that they were constantly confronted with the uncertainty of continuation of their contract with their projects. A number of projects also had volunteers and students on placement involved in running some of the projects activities, who had very little formal training and knowledge of group work. Similarly findings have also been shown elsewhere, that staff training in Intermediate Treatment almost invariably occurred during rather than before staff's involvement with Intermediate Treatment and that there was a lack of staff development programmes and staff training for volunteers and generic social workers on Intermediate Treatment practice. (Jones & Gallagher 1981, ITRC 1986). If Intermediate Treatment is to be seen as an effective community based service for young people who are in need of help and support, it will require a much greater commitment and interest taken by various government agencies and independent organisations to provide adequate resources, staff support and staff training in Intermediate Treatment.

Follow-Up Studies In Intermediate Treatment

The present study has shown that Intermediate Treatment on the whole has many positive influences on clients. Most clients have reported an improvement in more than one aspect of their lives. The most frequent

achievement reported by clients was that they kept out of trouble while they were attending Intermediate Treatment. Further, findings on clients' attitude change assessed by the repertory grid showed that clients have made positive changes in their attitudes in their own self-esteem and self concept.

As mentioned previously, it is difficult to measure the effectiveness of any form of social intervention in terms of its outcome, especially if the aim of most of the Intermediate Treatment projects in the study were to influence behaviour and attitude. One of the major difficulties in the study was to control all the variables which impinge on any individual client. In the study, the effectiveness of Intermediate Treatment was examined by 'before and after measures' on several variables, for instance, clients' self-esteem. However the study can not draw any generalised conclusions as to whether changes in clients were the result of clients' experiences in Intermediate Treatment, or they were due to the influence of other intervening factors in the clients' lives. Further, there is no guarantee that improved 'self-esteem' will necessarily reduce clients' delinquent behaviour. Without appropriate control groups, it is difficult for the study to establish whether any changes in clients' which occurred between the beginning and the end of their Intermediate Treatment programmes have been a result of the impact of their programmes. Further, how far will these positive influences on clients continue, following Kelman's theoretical conception of social influence and attitude change (Chapter 2), the most stable and permanent form of attitude change is through the process of 'internalisation', whereas the process of 'compliance and identification' are instances of change attributed to social pressure and reaction to others. The question which is raised by Kelman's theoretical assumptions is to what extent are the positive effects of Intermediate Treatment being internalised by clients. It is necessary

to evaluate the long term effects of Intermediate Treatment which concern clients' progress during the subsequent period after their participation in Intermediate Treatment.

Finally, in considering the effectiveness of Intermediate Treatment on clients, it is important to consider the possibility of unintended effects of Intermediate Treatment. The unintended consequences could well be beneficial to clients but there is also a distinct possibility of negative side effects of the programme concerned. For instance, in the study a small number of clients had fewer leisure time interests at the end of their Intermediate Treatment programme than what they had at the beginning. This could be due to the fact that the interests which were introduced to clients through their Intermediate Treatment participation were not necessarily leisure pursuits related to clients' environment and circumstances. A lot of the provisions in the Intermediate Treatment projects in the study were compensatory in nature. Experience such as skiing, photography, filming and model making were all new and exciting to clients. A continuation of some of these leisure pursuits would almost certainly not be possible for some clients. Research into the unintended effects of Intermediate Treatment would hopefully provide realistic consideration for practitioners to devise treatment programmes and activities which are more relevant to clients and which could realistically be continued after their participation in Intermediate Treatment.

APPENDIX ONECLIENTS' INTERVIEW SCHEDULE: PILOT STUDY

1.

QUESTIONNAIRE ON CLIENTS' PERCEPTIONS AND EXPECTATIONS OF INTERMEDIATE
TREATMENT FUNCTIONS AND EMPHASIS :

Case Number
Subject's Name
Centre
Date of birth
Sex
Date of commencement
Date of interview

I. CLIENTS' INITIAL REACTION AND KNOWLEDGE OF CENTRE BEFORE REFERRAL :

1. Before you were referred here, had you heard about the centre ?

YES

NO

If 'YES' What did you think the centre was for ?

2. Who referred you here ?

SCHOOL

SOCIAL WORKER

PARCEL

POLICE

SELF-REFERRED

OTHER

3. Did anybody explain to you what the centre was for before you came ?

YES

NO

If 'YES' What was explained to you before you came ?

Who explained the centre to you before you came ?

STAFF OF THE CENTRE

SCHOOL

SOCIAL WORKER

PARCEL

OTHER

2.

4. Was there any agreement made as to what you should do while you are here between you and -
- THE PERSON WHO REFERRED YOU
STAFF OF THE CENTRE
BOTH TOGETHER
NONE

If 'YES' What was the agreement between you and the person who referred you ?

What was the agreement between you and the centre staff ?

What was the agreement between you and both the person who referred you and the centre staff ?

5. Did you come here out of your own free will ?
- YES
NO

6. Was it explained to you that you can refuse to come if you don't want to ?
- YES
NO

If 'YES' What did you think it would happen to you if you didn't come ?

7. When you first knew that you were coming how did you feel ?

KEEN TO START
UNSURED OF THE PLACE
NOT KEEN TO START
NOT CARE VERY MUCH WHAT
WOULD HAPPEN
OTHER

III CLIENTS' PERCEPTIONS OF REASONS FOR REFERRAL AND THEIR OWN PROBLEMS :

1. There are a whole lot of reasons why you or other kids might get referred here by your social worker/school/panel, etc. Can you tell me the reasons why you were referred here by your social worker/school/panel etc? (PROBE)

SCHOOL PROBLEMS

DIFFICULTIES AT HOME

PERSONAL BEHAVIOR

NOT GET ON WITH OTHER IDEOS

NOT GET ON WITH ADULTS

TROUBLE WITH THE LAW

USE OF LEISURE

CANCER

DO YOU AGREE WITH WHAT YOUR SOCIAL WORKER/SCHOOL/PANEL SUGGESTED ,
THAT YOU NEEDED SOME HELP WITH ? YES

DES

HO

2. ADULT RELATIONSHIPS

- 1/ Tell me whether you agree or disagree to the following statements :

- | | |
|--|----------|
| a. Grown-ups are mostly against kids of your age ? | AGREE |
| | DISAGREE |
| b. Grown ups are always breaking their promise. | AGREE |
| | DISAGREE |
| c. Grown ups orders kids around too much. | AGREE |
| | DISAGREE |

- 2/ Do you always listen to what grown-ups tell you ? ALL THE TIME
SOMETIMES
NEVER

- 3/ Do you agree that you can get more help from kids of your age
than people older than you
- AGREE
- DISAGREE

- 4/ How do you get on with people older than you in general ?
- VERY WELL
- FAIRLY WELL
- NOT GET ON

4.

5/ If you have a problem (something worrying you) do you feel
that - it would be easy to get help from the staff ?

OR

you would prefer to sort out your own problem ?

6/ Do you think that the staff here are the same as most grown-ups
or do you think that they are different ?

SAME

DIFFERENT

If 'DIFFERENT' Specify

3. PEER RELATIONSHIPS

1/ How do you get on with kids of your age ?

VERY WELL

FAIRLY WELL

NOT GET ON AT ALL

2/ Do you like most of the kids at school ?

YES

NO

3/ Do you like most of the kids here ?

YES

NO

4/ Do you think kids here are the same as most kids outside
or do you think that they are different ?

SAME

DIFFERENT

If 'DIFFERENT' In what way are they different ?

5/ Do you find it easy or difficult to make friends ?

EASY

DIFFICULT

6/ How many real friends would you say you have ?

MANY

A FEW

NONE

If 'NONE' Are you not bothered about close friends ?

4. SCHOOL

1/ Have you ever been in trouble at school ?

YES

NO

If 'YES' What for ? (PROBE)

TRUANCY

EXPULSED FROM SCHOOL

NOT GET ON WITH TEACHER

NOT GET ON WITH KIDS

BAD CONDUCT

OTHER

2/ How many times have you skipped school before you came here ?

NONE

A FEW TIMES

A LOT

3/ At present are you at - SCHOOL

SPECIAL SCHOOL

EXPULSED

OTHER

4/ If 'NOT AT SCHOOL' - Would you like to return to school

sometime in the future ?

YES

NO

5. FAMILY RELATIONSHIPS

1/ Do you have any difficulties at home ? (PROBE)

NONE

NOT GET ON WITH PARENTS

NOT GET ON WITH BROTHERS/SISTERS

SEPERATED/DIVORCED-PARENTS

OTHER

2/ Do you parents care very much what you do ?

CARE A LOT

CARE A LITTLE

NOT CARE AT ALL

3/ What do your parents think the centre can do for you ? (PROBE)

DO NOT CARE WHAT THE CENTRE DOES

HELP YOU WITH PROBLEMS AT HOME

IMPROVE YOUR BEHAVIOUR

KEEP YOU OUT OF TROUBLE

GIVE YOU SOMETHING USEFUL TO DO

KEEP YOU OFF THE STREET

6.

CONT'D 3/

OTHER

4/ What do your parents think of the centre ?

A GREAT HELP TO YOU

QUITE HELPFUL TO YOU

A WASTE OF TIME

DON'T CARE

6. DELINQUENT CAREER

1/ Have you got in trouble with the law over the past six months ?

YES

NO

If 'YES' What have you done ?

OFFENCE:

DISPOSAL:

ALONE/WITH OTHERS :

2/ In the past six months have you done any other things which you managed to get away with ? (PROES)

3/ Why do you think kids(in general) get into trouble ?

4/ Why do you think you get into trouble ?

7.

7. USE OF LEISURE

- 1/ Have you any special interests ?
- HOME
 - HOBBIES
 - SPORT WATCHING
 - SPORT PLAYING
 - CINEMA
 - CLUBS/ORGANISED GROUP ACTIVITY
 - OTHER

- 2/ Do you agree that around where you live there are
- plenty to do in your free time
 - not very much
 - nothing at all

- 3/ What do you usually do during the evenings when you are not at the centre ?

8. CLIENTS' PERCEPTIONS OF THE FUNCTIONS AND EXPECTATIONS OF I.T.

When you first came, what did you think were the aims or purposes of the centre ? (PROBZ)

- HELP YOU WITH PROBLEMS AT HOME
- LEARN TO GET ON WITH PEOPLE
- KEEP YOU OFF THE STREETS AND AWAY FROM TROUBLE
- IMPROVE YOUR BEHAVIOUR
- TEACH YOU INTERESTING AND USEFUL THINGS
- BE A PUNISHMENT FOR YOU
- HELP YOU WITH PROBLEMS AT SCHOOL
- OTHER

8.

9. CLIENTS' PERCEPTIONS OF THE VARIOUS ASPECTS OF INTERMEDIATE TREATMENT AND EMPHASIS IN THEIR CENTRE AND THEIR VIEWS TOWARDS THESE EMPHASIS :

I have a list of things which I think go on in centres like this one. Perhaps some of these you may not have in this centre. I am going to read them to you one by one and I want you to tell me for each of them whether you think it is the 'MOST IMPORTANT' or the 'LEAST IMPORTANT' to you.

	<u>MOST IMPORTANT</u>	<u>LEAST IMPORTANT</u>
1/ TALKING THINGS OVER WITH STAFF		
2/ HOME VISITS BY STAFF		
3/ LEARNING HOW TO DO THINGS TOGETHER WITH OTHER KIDS		
4/ MAKING SIMPLE DECISIONS FOR YOURSELF AND GROUP eg. PLANNING FOR A PARTY		
5/ DOING USEFUL AND INTERESTING THINGS WHICH YOU CAN CARRY ON WHEN YOU LEAVE		
6/ HAVING TO DO AS YOU ARE TOLD IN THE CENTRE		
7/ IMPROVING YOUR KNOWLEDGE IN GENERAL		
8/ BEHAVING YOURSELF WHILE AT THE CENTRE		
9/ DOING THINGS TOGETHER WITH STAFF		
10/ YOUR PARENTS JOINING SOME OF THE ACTIVITIES AT THE CENTRE		
11/ BEING ABLE TO GET ON WITH OTHER KIDS		
12/ BEING ABLE TO TAKE SMALL RESPONSIBILITY eg. CHAIR MEETINGS		
13/ BEING INTERESTED IN SOME OF THE ACTIVITIES OFFERS BY THE CENTRE		
14/ PUNISHMENT AND LOSS OF PRIVILEGES WHEN YOU BREAK RULES AT THE CENTRE		
15/ LEARNING SOME BASIC SKILLS TO PREPARE YOU FOR WORK WHEN YOU LEAVE SCHOOL		
16/ AVOID BEING A NUISANCE AT THE CENTRE eg. FIGHTING		
17/ GETTING HELP AND ADVICE FROM STAFF		
18/ HAVING SOMEONE TO SORT OUT YOUR PROBLEMS AT HOME		
19/ PICKING THE RIGHT FRIENDS		

	MOST IMPORTANT	LEAST IMPORTANT
20/ BEING ABLE TO DO A SIMPLE JOB RIGHT WITHOUT BEING TOLD BY OTHERS		
21/ DEVELOPING NEW INTERESTS AT THE CENTRE eg. DRAWING		
22/ HAVING TO OBEY WHAT THE STAFF TELL YOU TO DO		
23/ IMPROVING YOUR SCHOOL WORK		
24/ BEING TOLD OFF BY SOMEONE WHEN YOU MISBEHAVE AT THE CENTRE		

10. I am going to read you the same list of things, but this time I want you to tell me how important each of these are in your centre.

	MOST IMPORTANT	LEAST IMPORTANT
1/TALKING THINGS OVER WITH STAFF		
2/ HOME VISITS BY STAFF		
3/ LEARNING HOW TO DO THINGS TOGETHER WITH OTHER KIDS		
4/ MAKING SIMPLE DECISIONS FOR YOURSELF AND THE GROUP eg. PLANNING FOR A PARTY		
5/ DOING USEFUL AND INTERESTING THINGS WHICH YOU CAN CARRY ON WHEN YOU LEAVE		
6/ HAVING TO DO AS YOU ARE TOLD AT THE CENTRE		
7/ IMPROVING YOUR KNOWLEDGE IN GENERAL		
8/ BEHAVING YOURSELF WHILE AT THE CENTRE		
9/ DOING THINGS TOGETHER WITH STAFF		
10/ YOUR PARENTS JOINING SOME OF THE ACTIVITIES AT THE CENTRE		
11/ BEING ABLE TO GET ON WITH OTHER KIDS		
12/ BEING ABLE TO TAKE SMALL RESPONSIBILITY eg. CHAIRING MEETINGS		
13/ BEING INTERESTED IN SOME OF THE ACTIVITIES OFFERS BY THE CENTRE		
14/ PUNISHMENT AND LOSS OF PRIVILEGES WHEN YOU BREAK RULES AT THE CENTRE		
15/ LEARNING SOME BASIC SKILLS TO PREPARE YOU FOR WORK WHEN YOU LEAVE SCHOOL		
16/ AVOID BEING A NUISANCE AT THE CENTRE		
17/ GETTING HELP AND ADVICE FROM STAFF		

	MOST IMPORTANT	LEAST IMPORTANT
18/ HAVING SOMEONE TO SORT OUT YOUR PROBLEMS AT HOME		
19/ PICKING THE RIGHT FRIENDS		
20/ BEING ABLE TO DO A SIMPLE JOB RIGHT WITHOUT BEING TOLD BY OTHERS		
21/ DEVELOPING NEW INTERESTS AT THE CENTRE		
22/ HAVING TO OBEY WHAT THE STAFF TELL YOU TO DO		
23/ IMPROVING YOUR SCHOOL WORK		
24/ BEING TOLD OFF BY SOMEONE WHEN YOU MISBEHAVE AT THE CENTRE		

11. The following is a list of activities which are generally found in centres like this one. I'd like you to tell me which three things in the following list that your centre provides most of .

- 1/ FORMAL GROUP DISCUSSION
- 2/ INFORMAL GROUP DISCUSSION
- 3/ INDOOR SPORTS/GAMES
- 4/ OUTDOOR SPORTS/GAMES
- 5/ CRAFTS AND CREATIVE ACTIVITY
- 6/ SCHOOL WORK TEACHING
- 7/ THINGS OUT
- 8/ RESIDENTIAL EXCURSION
- 9/ FREE ACTIVITY
- 10/ INDIVIDUAL COUNSELLING
- 11/ COMMUNITY SERVICE

12. For the same list of activities I'd like you to tell me how helpful you find each of them by giving a tick in the appropriate square. The first square is for when it is the 'MOST HELPFUL' to you, the second square is for when it is 'FAIRLY HELPFUL' , and the third square is for when it is the 'LEAST HELPFUL' to you

1/ FORMAL GROUP DISCUSSION	MOST HELPFUL	<input type="checkbox"/>	
	FAIRLY HELPFUL	<input type="checkbox"/>	
	LEAST HELPFUL	<input type="checkbox"/>	
2/ INFORMAL GROUP DISCUSSION	MOST HELPFUL	<input type="checkbox"/>	
	FAIRLY HELPFUL	<input type="checkbox"/>	
	LEAST HELPFUL	<input type="checkbox"/>	
3/ INDOOR SPORTS/GAMES	MOST HELPFUL	<input type="checkbox"/>	
	FAIRLY HELPFUL	<input type="checkbox"/>	
	LEAST HELPFUL	<input type="checkbox"/>	
4/ OUTDOOR SPORTS/GAMES	MOST HELPFUL	<input type="checkbox"/>	
	FAIRLY HELPFUL	<input type="checkbox"/>	
	LEAST HELPFUL	<input type="checkbox"/>	
5/ CRAFTS & CREATIVE ACTIVITY	MOST HELPFUL	<input type="checkbox"/>	
	FAIRLY HELPFUL	<input type="checkbox"/>	
	LEAST HELPFUL	<input type="checkbox"/>	

11

6/ SCHOOL WORK TEACHING

MOST HELPFUL
FAIRLY HELPFUL
LEAST HELPFUL

7/ TRIPS OUT

MOST HELPFUL
FAIRLY HELPFUL
LEAST HELPFUL

8/ RESIDENTIAL EXCURSION

MOST HELPFUL
FAIRLY HELPFUL
LEAST HELPFUL

9/ FREE ACTIVITY

MOST HELPFUL
FAIRLY HELPFUL
LEAST HELPFUL

10/ INDIVIDUAL COUNSELLING

MOST HELPFUL
FAIRLY HELPFUL
LEAST HELPFUL

11/ COMMUNITY SERVICE

MOST HELPFUL
FAIRLY HELPFUL
LEAST HELPFUL

13. I like you to go through the same list again, and I want you to give a tick to those activities which you think there should be more of in the centre

- 1/ FORMAL GROUP DISCUSSION
- 2/ INFORMAL GROUP DISCUSSION
- 3/ INDOOR SPORTS/GAMES
- 4/ OUTDOOR SPORTS/GAMES
- 5/ CRAFT & CREATIVE ACTIVITY
- 6/ SCHOOL WORK TEACHING
- 7/ TRIPS OUT
- 8/ RESIDENTIAL EXCURSION
- 9/ FREE ACTIVITY
- 10/ INDIVIDUAL COUNSELLING
- 11/ COMMUNITY SERVICE

14. Is there any other activities which are missing from the list above that your centre provide a lot of ? (SPECIFY)

15. Is there any other activities which are missing from the list above that you have in your centre which you find most helpful to you ? (SPECIFY)

Note : This part of the questionnaire is a repetition of Question 9. on " Clients' perceptions of their projects' emphases in Intermediate Treatment". The purpose is to explore the possibility of employing the 5-point scales as an alternative scaling method.

INSTRUCTIONS :

I am going to read you a list of things. For each one I want you to give a tick to the appropriate column to show whether you "STRONGLY"; "AGREE"; "UNCERTAIN"; "DISAGREE"; or "STRONGLY DISAGREE" that it is the most important thing for you.

EMPHASIS	STRONGLY AGREE	AGREE	UNCERTAIN	DISAGREE	STRONGLY DISAGREE
1. TALKING THINGS OVER WITH STAFF.					
2. HOME VISITS BY STAFF.					
3. LEARNING HOW TO DO THINGS TOGETHER WITH OTHER KIDS.					
4. MAKING SIMPLE DECISIONS FOR YOURSELF AND GROUP.					
5. DOING USEFUL & INTERESTING THINGS WHICH YOU CAN CARRY ON WHEN YOU LEAVE.					
6. HAVING TO DO AS YOU ARE TOLD IN THE CENTRE.					
7. IMPROVING YOUR KNOWLEDGE IN GENERAL.					
8. LEARNING TO BEHAVE YOURSELF WHILE AT THE CENTRE.					
9. DOING THINGS WITH STAFF.					
10. YOUR PARENTS JOINING SOME OF THE ACTIVITIES AT THE CENTRE.					
11. BEING ABLE TO GET ON WITH OTHER KIDS.					
12. BEING ABLE TO TAKE SOME RESPONSIBILITY.					
13. BEING INTERESTED IN SOME OF THE ACTIVITIES OFFERED BY THE CENTRE.					
14. PUNISHMENT & LOSS OF PRIVILEGES WHEN YOU BREAK RULES AT THE CENTRE.					
15. LEARNING SOME BASIC SKILLS TO PREPARE YOU FOR WORK WHEN YOU LEAVE SCHOOL.					
16. AVOID BEING A NUISANCE AT THE CENTRE.					
17. GETTING HELP & ADVICE FROM THE STAFF.					
18. HAVING SOME ONE TO SORT OUT YOU PROBLEMS AT HOME					
19. PICKING THE RIGHT FRIENDS.					
20. BEING ABLE TO DO A JOB RIGHT WITHOUT BEING TOLD BY OTHERS.					

13

- | EMPHASIS | STRONGLY
AGREE | AGREE | UNCERTAIN | DISAGREE | STRONGLY
DISAGREE |
|---|-------------------|-------|-----------|----------|----------------------|
| 21. DEVELOPING NEW INTERESTS AT THE CENTRE. | | | | | |
| 22. HAVING TO OBEY WHAT THE STAFF TELL YOU. | | | | | |
| 23. IMPROVING YOUR SCHOOL WORK. | | | | | |
| 24. BEING TOLD OFF BY SOMEONE WHEN YOU MISBEHAVE AT THE CENTRE. | | | | | |

This time for each of the things in the following list I want you to give a tick to the appropriate column to show whether you "STRONGLY AGREE"; "AGREE"; "UNCERTAIN"; "DISAGREE"; or "STRONGLY DISAGREE" that it is considered as the most important thing in your centre.

- | EMPHASIS | STRONGLY
AGREE | AGREE | UNCERTAIN | DISAGREE | STRONGLY
DISAGREE |
|---|-------------------|-------|-----------|----------|----------------------|
| 1. TALKING THINGS OVER WITH STAFF. | | | | | |
| 2. HOME VISITS BY STAFF. | | | | | |
| 3. LEARNING HOW TO DO THINGS WITH OTHER KIDS. | | | | | |
| 4. MAKING SIMPLE DECISIONS FOR YOURSELF & GROUP. | | | | | |
| 5. DOING USEFUL & INTERESTING THINGS WHICH YOU CAN CARRY ON WHEN YOU LEAVE. | | | | | |
| 6. HAVING TO DO AS YOU ARE TOLD IN THE CENTRE. | | | | | |
| 7. IMPROVING YOUR KNOWLEDGE IN GENERAL. | | | | | |
| 8. BEHAVING YOURSELF WHILE AT THE CENTRE. | | | | | |
| 9. DOING THINGS TOGETHER WITH STAFF. | | | | | |
| 10. YOUR PARENTS JOINING SOME OF THE ACTIVITIES AT THE CENTRE. | | | | | |
| 11. BEING ABLE TO GET ON WITH OTHER KIDS. | | | | | |
| 12. BEING ABLE TO TAKE SMALL RESPONSIBILITY. | | | | | |
| 13. BEING INTERESTED IN SOME OF THE ACTIVITIES OFFERED BY THE CENTRE. | | | | | |
| 14. PUNISHMENT & LOSS OF PRIVILEGES WHEN YOU BREAK RULES AT THE CENTRE. | | | | | |
| 15. LEARNING SOME BASIC SKILLS TO PREPARE YOU FOR WORK WHEN YOU LEAVE SCHOOL. | | | | | |

14

- | EMPHASIS | STRONGLY
AGREE | AGREE | UNCERTAIN | DISAGREE | STRONGLY
DISAGREE |
|---|-------------------|-------|-----------|----------|----------------------|
| 16. AVOID BEING A NUISANCE AT THE CENTRE. | | | | | |
| 17. GETTING HELP & ADVICE FROM THE STAFF. | | | | | |
| 18. HAVING SOMEONE TO SORT OUT YOUR PROBLEMS AT HOME. | | | | | |
| 19. PICKING THE RIGHT FRIENDS. | | | | | |
| 20. BEING ABLE TO DO A SIMPLE JOB RIGHT WITHOUT BEING TOLD BY OTHERS. | | | | | |
| 21. DEVELOPING NEW INTERESTS AT THE CENTRE. | | | | | |
| 22. HAVING TO OBEY WHAT THE STAFF TELL YOU. | | | | | |
| 23. IMPROVING YOUR SCHOOL WORK. | | | | | |
| 24. BEING TOLD OFF BY SOMEONE WHEN YOU MISBEHAVE AT THE CENTRE. | | | | | |
-

APPENDIX TWO (A)

RESULTS OF CLIENTS' VIEW OF INTERMEDIATE TREATMENT EMPHASIS
OBTAINED BY THE THREE POINT SCALE MEASUREMENT: PILOT STUDY

RESULT OF EMPHASIS SCORE OBTAINED BY THE THREE-POINT SCALE

I. Results of the three-point scale method :

- a. The question presented was " I have a list of thingsI want you to tell me for each of them whether you think it is the 'MOST IMPORTANT' or the 'LEAST IMPORTANT' to you. " The scale in this case was :

MOST IMPORTANT = 3

DON'T KNOW = 2

LEAST IMPORTANT = 1

The result of the scores on single items obtained from the seven subjects in the pilot is as follows :

ITEMS	S	U	B	J	E	C	T	
	1	2	3	4	5	6	7	
1	3	3	3	3	3	3	3	
2	3	2	2	2	1	1	1	
3	3	3	3	3	3	3	3	
4	3	2	3	3	3	3	2	
5	1	3	3	3	1	2	3	
6	2	3	2	1	3	1	3	
7	1	3	3	3	3	3	3	
8	3	2	3	3	3	3	3	
9	3	3	2	3	1	3	3	
10	1	3	3	2	3	1	2	
11	3	3	3	3	3	3	3	
12	1	2	3	1	1	2	1	
13	3	3	3	3	2	3	3	
14	3	3	1	1	3	2	1	
15	3	2	3	2	3	3	3	
16	1	3	3	3	3	3	3	
17	1	3	3	3	3	2	1	
18	1	3	1	1	3	1	1	
19	1	3	3	3	3	1	3	
20	3	3	3	3	3	3	3	
21	1	3	1	1	3	3	3	
22	2	2	3	1	1	1	1	
23	3	1	3	2	1	1	1	
24	1	1	2	2	3	3	3	

EMPHASIS	SUBJECTS							TOTAL :
	1	2	3	4	5	6	7	
ADULT- RELATIONSHIPS	7	9	8	9	7	8	7	55
FAMILY- RELATIONSHIPS	5	8	6	5	7	3	4	38
PEER- RELATIONSHIPS	7	9	9	9	9	7	9	59
MATURITY & RESPONSIBILITY	7	7	9	7	7	8	6	51
USE OF LEISURE	5	9	7	7	6	8	9	51
OBEDIENCE & DETERRENCE	7	8	6	3	7	4	5	40
EDUCATIONAL ABILITY	7	6	9	7	7	7	7	50
PERSONAL BEHAVIOUR	5	6	8	8	9	9	9	54

APPENDIX TWO (B)

RESULTS OF CLIENTS' VIEW OF THEIR PROJECTS' EMPHASIS
OBTAINED BY THE THREE POINT SCALE: PILOT STUDY

b. Result of the scores for the treatment items which subjects considered as the "MOST IMPORTANT" and the "LEAST IMPORTANT" to their centre. The scale in this case was : MOST IMPORTANT =3

DON'T KNOW = 2

LEAST IMPORTANT = 1

The following is the result obtained from the respondents :

SINGLE ITEM SCORES

ITEMS	S U B J E C T						
	1	2	3	4	5	6	7
1	1	3	3	3	3	3	3
2	1	2	1	2	1	1	1
3	3	3	3	1	3	1	3
4	1	3	3	1	3	1	3
5	1	1	2	1	1	3	1
6	3	3	3	3	3	1	3
7	3	3	3	3	1	3	3
8	3	3	3	3	3	3	3
9	3	3	3	3	3	3	3
10	1	1	1	1	2	1	1
11	3	3	3	3	3	3	3
	3	3	3	3	3	3	3
13	3	3	3	3	3	3	3
14	3	3	3	1	1	3	3
15	3	3	3	1	3	3	3
16	3	3	3	3	3	3	3
17	2	3	3	3	3	1	1
18	1	3	1	1	3	1	1
19	3	3	3	3	3	1	3
20	3	3	3	3	3	3	3
21	3	3	3	3	3	3	3
22	1	1	3	1	1	1	1
23	1	1	1	1	2	1	1
24	3	3	3	3	3	3	3

TOTAL SCORES ON EACH EXPEASIS

EXPEASIS	S U B J E C T							T O T A L
	1	2	3	4	5	6	7	
ADULT-relationships	8	9	9	9	9	7	7	58
FAMILY-RELATIONSHIPS	3	6	3	4	6	3	3	28
PEER-RELATIONSHIPS	9	9	9	7	9	5	9	57
MATURITY & RESPONSIBILITY	7	9	9	7	9	7	9	57
USE OF LEISURE	7	7	8	7	7	9	7	52
OBEDIENCE & DETERRENCE	7	7	9	5	5	5	7	45
EDUCATIONAL ABILITY	7	7	7	5	6	7	7	46
PERSONAL BEHAVIOUR	9	9	9	9	9	9	9	63

APPENDIX TWO (C)

RESULTS OF CLIENTS' VIEW OF INTERMEDIATE TREATMENT EMPHASIS
OBTAINED BY THE FIVE POINT SCALE MEASUREMENT: PILOT STUDY

II. RESULT OF THE 5 POINT SCALE METHOD :

a. The question presented was " For each one I want you to give a tick to the appropriate column to show whether you 'STRONGLY AGREE', 'AGREE', 'UNCERTAIN', 'DISAGREE' or 'STRONGLY DISAGREE' that it is the most important thing to you. The scores being employed were: STRONGLY AGREE = 5

AGREE = 4

UNCERTAIN = 3

DISAGREE = 2

STRONGLY DISAGREE = 1

The following are the results of the scores from the pilot :

ITEMS	S U B J E C T						
	1	2	3	4	5	6	7
1	5	4	5	5	4	5	5
2	4	4	4	3	3	4	3
3	4	4	4	5	5	4	5
4	4	4	3	3	4	4	3
5	4	4	4	4	3	4	4
6	2	4	4	1	4	3	4
7	3	4	5	4	4	4	5
8	5	5	5	4	4	5	5
9	4	4	5	4	4	4	4
10	2	4	4	2	4	1	2
11	4	4	4	4	5	4	4
12	3	3	4	2	4	4	3
13	4	4	4	4	4	4	4
14	4	4	2	2	4	3	3
15	4	2	4	3	4	4	4
16	2	5	5	4	5	4	4
17	3	4	4	5	5	5	4
18	2	4	2	2	4	2	2
19	3	4	4	4	4	2	4
20	5	5	4	4	4	4	4
21	2	4	2	2	4	3	4
22	4	3	4	1	2	2	2
23	4	1	3	2	2	2	3
24	3	3	4	4	4	4	4

EMPHASIS	S U B J E C T							TOTAL
	1	2	3	4	5	6	7	
ADULT- RELATIONSHIPS	12	12	14	14	13	14	13	92
FAMILY- RELATIONSHIPS	8	12	10	7	11	7	7	62
PEER- RELATIONSHIPS	11	12	12	13	14	10	13	85
MATURITY & RESPONSIBILITY	12	13	11	9	12	12	10	79
USE OF LEISURE	13	13	10	10	11	11	12	80
OBEDIENCE & DETERRENCE	10	11	10	4	10	8	9	62
EDUCATIONAL ABILITY	11	11	12	9	10	10	12	75
PERSONAL BEHAVIOUR	10	13	14	12	13	13	13	88

APPENDIX TWO (D)

RESULTS OF CLIENTS' VIEW THEIR PROJECTS' EMPHASIS
OBTAINED BY THE FIVE POINT SCALE: PILOT STUDY

b. Results of the scores for the treatment items which the subjects indicated that they 'STRONGLY AGREE', 'AGREE', 'UNCERTAIN', 'DISAGREE' or 'STRONGLY DISAGREE' that it is considered as the most important thing in their centre.

The following are the results of the scores on emphasis obtained from the pilot :

ITEMS	S U B J E C T						
	1	2	3	4	5	6	7
1	4	4	5	4	4	5	5
2	3	3	2	3	2	2	3
3	4	4	4	3	4	4	4
4	2	4	4	3	5	3	5
5	3	3	4	3	4	5	3
6	4	4	4	4	4	3	4
7	4	4	4	3	4	4	4
8	5	4	4	4	5	5	4
9	5	5	4	4	4	4	4
10	1	1	2	2	2	2	2
11	4	4	4	4	5	4	4
12	4	3	4	4	4	4	3
13	4	4	5	5	4	4	4
14	4	4	4	3	3	3	3
15	4	4	4	3	4	3	3
16	4	5	5	5	4	5	5
17	4	4	3	4	4	4	4
18	3	4	3	3	5	2	2
19	4	4	4	4	4	3	4
20	5	5	4	5	5	4	4
21	4	4	5	5	5	5	4
22	3	2	4	2	4	3	3
23	2	2	3	3	3	3	2
24	4	4	4	5	4	4	4

EMPHASIS	S U B J E C T							TOTAL
	1	2	3	4	5	6	7	
ADULT-RELATIONSHIPS	13	13	12	12	12	13	13	88
FAMILY-RELATIONSHIPS	7	11	7	8	9	6	7	55
PEER-RELATIONSHIPS	12	12	12	11	13	11	12	83
MATURITY & RESPONSIBILITY	11	12	12	12	14	11	12	84
USE OF LEISURE	11	11	14	13	13	14	11	87
OBEDIENCE & DETERRENCE	11	10	12	9	11	9	11	73
EDUCATIONAL ABILITY	10	10	11	10	9	10	9	69
PERSONAL BEHAVIOUR	13	13	13	14	13	13	11	90

APPENDIX THREEAMMENDED INTERMEDIATE TREATMENT CATEGORIES

INTERMEDIATE TREATMENT EMPHASIS

The following are the ammended emphasis categories in intermediate treatment. Four emphasis items are included for each emphasis category. Two lists with a total of sixteen emphasis items are included in client's second interview schedule.

CONTROL EMPHASIS

1. Keeping out of trouble.
2. Keeping away from bad company.
3. Learning that you get punished or lost privileges when you break rules.
4. Having to behave yourself.

INSTRUMENTAL EMPHASIS

1. Doing useful and interesting things.
2. Helping you to learn about things which will be useful to you in later life.
3. Developing new interests and abilities.
4. Learning some basic skill to prepare you for work.

PERSONAL EMPHASIS

1. Having to make simple decisions for yourself.
2. Making you more sure and more confident of yourself.
3. Being able to take responsibility.
4. Having the confidence to do a job on your own.

INTERPERSONAL EMPHASIS

1. Making friends with other kids.
 2. Doing things with grown-ups.
 3. Being able to get with grown-ups.
 4. Being able to get on with people at home
-

APPENDIX FOUR

REPERTORY GRID TEST: PILOT STUDY

Repertory Grid Test

Date: _____

Name: _____

Case No. _____

Instructions for completion of the repertory grid test

Below are some role titles which suggest to you some people you know. I would like you to write the name of the person whom you know and whom you think fit the role titles in the blank space next to each title. On each row of the grid are three rings indicating three titles. The three people you have selected to fill these three titles are to be compared. I would like you to tell me in what important way are two of them alike but different from the third. Please indicate which of the two role titles are seen to be alike by means of putting a cross inside the rings. Write down in the space under 'CONSTRUCT' alongside that row the way in which the two are seen as alike. Write down under 'CONTRAST' the way in which the third person is seen as being different. Each row of the test is to be completed in a similar way.

SELF AS I AM	FATHER	MOTHER	BROTHER	SISTER	BEST FRIEND	GIRL FRIEND OR BOY FRIEND	HAPPY PERSON	SOMEONE IN AUTHORITY	SUCCESSFUL PERSON	PERSON I LIKE	PERSON I DIS-like	SELF AS I WOULD LIKE TO BE		
													CONSTRUCT	CONTRAST
			○		○	○								
○							○		○					
		○		○	○									
							○	○	○					
○			○			○								
○								○				○		
	○		○		○									
		○						○				○		
							○		○			○		
	○							○			○			
					○				○		○			
○							○			○				

APPENDIX FIVERESULTS OF REPERTORY GRID TEST: PILOT STUDY

CONSTRUCTS ELICITATION IN THE PILOT STUDY :

Over 50 constructs were elicited by a sample of 33 client respondents, by the use of the repertory grid test in the pilot study. The constructs included below were the ones which had appeared twice in the result of the repertory grid test. Both psychological and interaction constructs were more frequently used by respondents to describe elements than the use of role constructs. 4 psychological constructs and 4 interaction constructs were included in the main study.

Constructs From The Results of The Repertory Grid Tests :

<u>PSYCHOLOGICAL CONSTRUCTS</u>	<u>INTERACTION CONSTRUCTS</u>	<u>ROLE CONSTRUCTS</u>
Happy; (20)	Liked by others; (32)	Do things together; (5)
Clever; (15)	Easy to get on; (26)	Same school; (5)
In trouble; (15)	Understanding; (22)	Mates with; (5)
Kind; (14)	Helpful; (18)	Like football; (3)
Confident; (12)	Can trust; (14)	Like the same thing; (3)
Stupid; (8)	Cause trouble; (10)	Same family; (3)
Okay; (7)	Cheat a lot; (7)	
Useless; (7)	Fight a lot; (7)	
Generous; (6)	Annoys people; (6)	
Good laugh; (6)	Great to talk to; (6)	
Lazy; (6)	Encouraging people; (5)	
Nice; (6)	Makes you work; (5)	
Respect; (6)	Skive a lot; (5)	
Selfish; (6)	Close to; (4)	
Friendly; (6)	Do not know him/her; (4)	
Cheeky; (5)	Do not listen; (4)	
Great; (5)	Like children; (3)	
Honest; (5)	Seen a lot; (3)	
Horrible; (5)	Always angry; (3)	
Noisy; (5)	Have time for me; (3)	
Nosy; (5)	Argue a lot; (3)	
Rude; (5)	Know me well; (3)	
Bad; (4)		
Bossy; (4)		
Humorous; (4)		
Magic; (4)		
Nagging; (4)		
Funny; (4)		
Impatient; (4)		
Miserable; (3)		
Powerful; (3)		
Shy; (3)		
Sporty; (3)		
Talkative; (3)		
Bostful; (3)		

CONSTRUCTS SELECTED FOR THE MAIN STUDY :

<u>PSYCHOLOGICAL/PERSONAL CONSTRUCTS</u>	<u>INTERACTION CONSTRUCTS</u>
Get into trouble;	Like by others;
Happy;	Understanding;
Kind;	Helpful to others;
Confident;	Easy to get on;
Clever.	Can be trusted.

APPENDIX SIXREPERTORY GRID: PILOT STUDY

Repertory Grid

Date: _____

Name: _____

Case No: _____

Instruction For Completion of the Repertory Grid:

Below are some role titles which suggest to you some people you know. I would like you to write the name of the person whom you know and whom you think fits the role titles in the blank space next to each title. I would like you to score each of the people whom you have selected to fill the titles heading each column in terms of each of the 'CONSTRUCTS' and 'CONTRAST' in the following manner.

For each row indicate by a tick in the square under the relevant role title, whether the word or phrases under 'CONSTRUCT' alongside that row applies to the person you chose to fill the role title. Please leave the square blank if you feel that the word or phrase under 'CONTRAST' is more suitable than the word under 'CONSTRUCT'. Proceed in this way along each row so that each square is either ticked or left blank.

SELF AS I AM	FATHER	MOTHER	BROTHER	SISTER	BEST FRIEND	GIRL FRIEND OR BOY FRIEND	HAPPY PERSON	SOMEONE IN AUTHORITY	SUCCESSFUL PERSON	PERSON I LIKE	PERSON I DIS- LIKE	SELF AS I WOULD LIKE TO BE	CONSTRUCT	CONTRAST
													I LIKE	I DISLIKE
													CAN BE TRUSTED	CANNOT BE TRUSTED
													DEPENDS ON OTHER	STAND ON THEIR OWN FEET
													LEAST LIKELY TO HAVE FRIENDS	MOST LIKELY TO HAVE FRIENDS
													LOTS OF DRIVE	WEAK WILL
													DOES NOT BREAK RULES	BREAK RULES
													FEELING WORTHLESS	FEELING USEFUL
													I RESPECT	I DO NOT RESPECT
													HAPPY ABOUT THINGS AROUND THEM	UNHAPPY ABOUT THINGS AROUND THEM
													THESE PEOPLE MAKE ME ANGRY	THEY DO NOT MAKE ME ANGRY
													CONFIDENT PERSON	UNSURE PERSON
													KNOW ME WELL	DO NOT KNOW ME AS A PERSON
													AGGRESSIVE PERSON	PASSIVE PERSON
													CLEVER	STUPID
													HELPFUL TO PEOPLE	UNHELPFUL TO PEOPLE

APPENDIX SEVEN

REPERTORY GRID FOR MAIN STUDY

REPERTORY GRID

DATE:.....

CENTRE:.....

NO:.....

NAME:.....

C O N S T R U C T S	MYSELF AS I AM	FATHER	MOTHER	BROTHER	SISTER	BEST FRIEND	GIRL/BOY FRIEND	A SAD PERSON	TEACHER	MYSELF AS I LIKE TO BE
1 2 3 4 5 6 7 8 9 10 HELPFUL..... NOT										
KEEP OUT OF TROUBLEDO NOT										
EASY TO GET ON WITH NOT										
HAPPY NOT										
CAN BE TRUSTED CAN NOT										
KIND SELFISH										
CONFIDENT LESS										
LIKED BY OTHERSNOT SO MUCH										
CLEVER NOT										
UNDERSTANDINGNOT										

APPENDIX EIGHT

CLIENTS' FIRST INTERVIEW SCHEDULE: MAIN STUDY

1.
QUESTIONNAIRE ON CLIENTS' (YOUNGSTERS') PERCEPTIONS AND EXPECTATIONS OF
INTERMEDIATE TREATMENT

Case Number _____

Subject's Name _____

Centre _____

Age _____

Sex _____

Date Of Commencement _____

Date If Interview _____

CLIENTS' INITIAL REACTION AND KNOWLEDGE OF CENTRE

1. Before you were referred here, had you heard about the centre ?	YES NO	<input type="checkbox"/> <input type="checkbox"/>	1-1 2
1. If 'YES' What did you think the centre was for ?			
2. Who referred you here ?	SCHOOL SOCIAL WORKER PANEL POLICE SELF-REFERRED OTHER	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5 6-1
1. If 'OTHER' Specify.			
3. Did anybody explain to you what the centre was for before you came ?	YES NO	<input type="checkbox"/> <input type="checkbox"/>	1-1 2
1. If 'YES' Who explained the centre to you before you came ?	STAFF OF THE CENTRE SCHOOL SOCIAL WORKER PANEL OTHER	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5-11
11. If 'OTHER' Specify.			
4. What was explained to you before you came ?			
5. Was there any agreement made as to what you should do while you are here between you and -	THE PERSON WHO REFERRED YOU STAFF OF THE CENTRE BOTH THE STAFF & THE PERSON WHO REFERRED YOU NO AGREEMENT WAS MADE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4
6. What was the agreement made between you and - THE PERSON WHO REFERRED YOU ?			

2.

- THE STAFF OF THE CENTRE ?

- BOTH STAFF & REFEREE ?

7.	Did you come here out of your own free will ?	YES	<input type="checkbox"/>	1
		NO	<input type="checkbox"/>	2
8.	Was it explained to you that you can refuse to come if you don't want to ?	YES	<input type="checkbox"/>	1
		NO	<input type="checkbox"/>	2
9.	What did you think it would happen to you if you didn't come ?			
10.	When you first knew that you were coming to the centre how did you feel ?	VERY KEEN TO START	<input type="checkbox"/>	1
		DIDN'T MIND COMING	<input type="checkbox"/>	2
		NOT VERY KEEN TO START	<input type="checkbox"/>	3
		FEEL UNSURE OF THE PLACE	<input type="checkbox"/>	4
		OTHER	<input type="checkbox"/>	5-1
	1. If 'OTHER' Specify.			

CLIENTS' PERCEPTIONS OF INTERMEDIATE TREATMENT AND THEIR EXPECTATIONS FROM IT

1.	There are a whole lot of reasons why you or other kids might get referred here by your social worker/school/panel etc. What do you think were the reasons for your social worker/school/panel etc. to refer you here ?			
	(PROBE) SCHOOL PROBLEMS	<input type="checkbox"/>		1
	DIFFICULTIES AT HOME	<input type="checkbox"/>		2
	PERSONAL BEHAVIOUR	<input type="checkbox"/>		3
	PEER RELATIONSHIPS	<input type="checkbox"/>		4
	ADULT RELATIONSHIPS	<input type="checkbox"/>		5
	TROUBLE WITH THE LAW	<input type="checkbox"/>		6
	USE OF LEISURE	<input type="checkbox"/>		7
	OTHER	<input type="checkbox"/>		8-1
	1. If 'OTHER' Specify.			
2.	Do you think they were good reasons for your social worker/school/panel etc. to refer you here ?	YES	<input type="checkbox"/>	1
		NO	<input type="checkbox"/>	2-1
		DON'T KNOW	<input type="checkbox"/>	3
	1. If 'NO' Why ?			

3.

3. When you first knew that you were coming to the centre, what did you think the centre was for ?

4. Now that you have been to the centre, what do you think are the aims and purposes of it ?

- (PROBE)
- HELP YOU WITH PROBLEMS AT HOME
 - LEARN TO GET ON WITH PEOPLE
 - TEACH YOU INTERESTING & USEFUL THINGS
 - KEEP YOU OFF THE STREETS & OUT OF TROUBLE
 - TEACH YOU A LESSON
 - HELP YOU WITH SCHOOL PROBLEMS
 - IMPROVE YOUR BEHAVIOUR
 - OTHER

	1
	2
	3
	4
	5
	6
	7
	8-1

1. If 'OTHER' Specify.

5. How much do you expect the centre would be able to help you ?

- A LOT
- A LITTLE
- NOT BE ABLE TO HELP YOU AT ALL

	1
	2
	3

6. What do you expect to achieve or gain from coming here ?

ADULT RELATIONSHIPS

1. Tell me whether you AGREE or DISAGREE to the following statements :

a. GROWN-UPS ARE MOSTLY AGAINST KIDS OF YOUR AGE

- AGREE
- DISAGREE

	1
	2

b. GROWN-UPS ARE ALWAYS BREAKING THEIR PROMISE.

- AGREE
- DISAGREE

c. GROWN-UPS ORDER KIDS AROUND TOO MUCH.

- AGREE
- DISAGREE

2. Do you listen to what grown-ups tell you ?

- ALWAYS
- SOMETIMES
- NEVER

3. Do you think that you can get - MORE HELP FROM
LESS HELP FROM
EQUAL AMOUNT OF HELP FROM
KIDS of your age than from GROWN-UPS ?

4. How do you get on with grown-ups in general

- VERY WELL
- FAIRLY WELL
- NOT AT ALL

5. If you have a problem (something worrying you) do you feel that -
IT WOULD BE EASY TO GET HELP FROM THE STAFF ?

OR

YOU WOULD PREFER TO SORT OUT YOUR OWN PROBLEM ?

6. Do you think that the staff here are the same as most grown-ups or do you think that they are different ?

- SAME
- DIFFERENT

4.

1. If 'DIFFERENT' Specify.

PEER-RELATIONSHIPS

1. How do you get on with kids of your age ?	VERY WELL FAIRLY WELL NOT AT ALL	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3
2. Do you like the kids at school ?	MOST OF THEM SOME OF THEM NONE OF THEM	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3
3. Do you like the kids here ?	MOST OF THEM SOME OF THEM NONE OF THEM	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3
4. Do you think kids here are the same as most other kids ?	YES NO	<input type="checkbox"/> <input type="checkbox"/>	1 2-1
1. If 'NO' Specify in what way are they different.			
5. Do you find it easy or difficult to make friends ?	EASY DIFFICULT	<input type="checkbox"/> <input type="checkbox"/>	1 2
6. How many real friends would you say you have ?	NONE 1 OR 2 5 OR 6 10 OR MORE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1-1 2 3 4
1. If 'NONE' Are you not bothered about close friends ?			

SCHOOL

1. How much do you think you like school ?	A LOT A LITTLE DON'T LIKE IT AT ALL	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3
2. Have you ever been in trouble at school ?	YES NO	<input type="checkbox"/> <input type="checkbox"/>	1-1 2
1. If 'YES' What kind of trouble were you in ?			
(PROBE)	TRUANCY BAD CONDUCT NOT GET ON WITH TEACHERS NOT GET ON WITH KIDS OTHER	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4 5-11
11. If 'OTHER' Specify.			
3. How many times have you skipped school ?	NONE ONCE OR TWICE 5 OR 6 TIMES 10 OR MORE TIMES	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4
4. At present are you at -	SCHOOL SPECIAL SCHOOL EXPELLED OTHER	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 3 4-1

5.

1. If 'OTHER' Specify.

11. If 'NOT AT SCHOOL' - Would you like to return to school sometime in the future ?

YES ☐ 1

NO ☐ 2

FAMILY RELATIONSHIPS

1. Do you think you have any difficulties at home ?

(PROBE) NONE ☐ 1NOT GET ON WITH MOTHER ☐ 2NOT GET ON WITH FATHER ☐ 3NOT GET ON WITH BROTHER/SISTERS ☐ 4SEPARATED/DIVORCED PARENTS ☐ 5OTHER ☐ 6-1

1. If 'OTHER' Specify.

2. How much interest do you think your parents have in you ?

A LOT ☐ 1A LITTLE ☐ 2NO INTEREST ☐ 3

3. Do you think your parents know what the centre is for ?

YES ☐ 1NO ☐ 2

4. What do your parents think the centre can do for you ?

(PROBE) DO NOT CARE WHAT THE CENTRE DOES ☐ 1HELP WITH PROBLEMS AT HOME ☐ 2TEACH YOU INTERESTING THINGS ☐ 3TEACH YOU A LESSON ☐ 4KEEP YOU OFF THE STREETS & OUT OF TROUBLE ☐ 5IMPROVE YOUR BEHAVIOUR ☐ 6HELP YOU WITH SCHOOL PROBLEMS ☐ 7OTHER ☐ 8-1

1. If 'OTHER' Specify.

5. What do your parents think of the centre ?

A GREAT HELP TO YOU ☐ 1QUITE HELPFUL TO YOU ☐ 2A WASTE OF TIME ☐ 3DON'T KNOW ☐ 4DELINQUENT EXPERIENCE

1. Have you got in trouble with the law over the past 3 months ?

YES ☐ 1-1NO ☐ 2

1. If 'YES' What have you done ?

2. In the past 3 months have you done any other things which you managed to get away with ?

6.

3. Why do you think kids get into trouble ?

4. Why do you think you got into trouble ?

USE OF LEISURE

1. Have you any special interests ?

NONE

HOBBIES : SPECIFY

SPORT WATCHING : SPECIFY

SPORT PLAYING : SPECIFY

CLUB/ORGANISED ACTIVITY : SPECIFY

OTHER : SPECIFY

2. What do you usually do in the evenings and week-ends when you are not at the centre ?

3. Who are you usually with in the evenings when you are not at the centre ?

- ALONE
- FRIENDS OF YOUR AGE
- PARENTS
- GIRL/BOY FRIEND
- OTHER

1. If 'OTHER' Specify.

4. How much is there for you to do in your free time around where you live ?

- PLENTY TO DO
- NOT MUCH
- NOTHING AT ALL

4. What do you think there should be more of where you live for kids of your age ?

APPENDIX NINE

CLIENTS' SECOND INTERVIEW SCHEDULE: MAIN STUDY

1.

QUESTIONNAIRE ON CLIENTS' PROGRESS AND PERCEPTIONS OF THEIR EXPERIENCE IN INTERMEDIATE TREATMENT

Case Number _____

Subject's Name _____

Centre _____

Date Of Interview _____

ADULT - RELATIONSHIPS

1. Tell me whether you agree or disagree to the following statements :			
a. GROWN-UPS ARE MOSTLY AGAINST KIDS OF YOUR AGE.	AGREE	<input type="checkbox"/>	1
	DISAGREE	<input type="checkbox"/>	2
b. GROWN-UPS ARE ALWAYS BREAKING THEIR PROMISE.	AGREE	<input type="checkbox"/>	1
	DISAGREE	<input type="checkbox"/>	2
c. GROWN-UPS ORDER KIDS AROUND TOO MUCH.	AGREE	<input type="checkbox"/>	1
	DISAGREE	<input type="checkbox"/>	2
2. Do you listen to what grown-ups tell you ?	ALWAYS	<input type="checkbox"/>	1
(people like your teachers or your neighbours	SOMETIMES	<input type="checkbox"/>	2
apart from your parents.)	NEVER	<input type="checkbox"/>	3
3. Do you think you can get - MORE HELP FROM		<input type="checkbox"/>	1
LESS HELP FROM		<input type="checkbox"/>	2
EQUAL AMOUNT OF HELP FROM		<input type="checkbox"/>	3
<u>kids of your age</u> than from <u>grown-ups</u> ?			
4. How do you get on with grown-ups in general ?	VERY WELL	<input type="checkbox"/>	1
	FAIRLY WELL	<input type="checkbox"/>	2
	NOT AT ALL	<input type="checkbox"/>	3
5. If you have a problem (something worrying you) do you feel that -		<input type="checkbox"/>	1
IT WOULD BE EASY TO GET HELP FROM THE STAFF ?			
OR		<input type="checkbox"/>	2
YOU WOULD PREFER TO SORT OUT YOUR OWN PROBLEMS ?			
6. Have you had any problems while you were at the centre ?	YES	<input type="checkbox"/>	1 - 1
	NO	<input type="checkbox"/>	2
1. If 'YES' what kind of problems ?			
7. Have you been to the staff for any of your problems ?	YES	<input type="checkbox"/>	1 - 1
	NO	<input type="checkbox"/>	2
1. If 'YES' what sort of problems were they ?			
8. Do you think that the staff here are the same as most grown-ups or do you		<input type="checkbox"/>	1
think that they are different ?	SAME		
	DIFFERENT	<input type="checkbox"/>	2 - 1
1. If 'DIFFERENT' Specify.			

2.

9. Do you think you get on better with grown-ups since you have been at the centre ?

BETTER
SAME
WORSE

	1
	2
	3

PEER-RELATIONSHIPS

1. How do you get on with kids of your age ?

VERY WELL
FAIRLY WELL
NOT AT ALL

	1
	2
	3

2. Do you like the kids at school ?

MOST OF THEM
SOME OF THEM
NONE OF THEM

	1
	2
	3

3. Do you like the kids here ?

MOST OF THEM
SOME OF THEM
NONE OF THEM

	1
	2
	3

4. Do you think kids here are the same as most other kids ?

YES
NO

	1
	2 - 1

i. If 'NO' In what ways are they different ?

5. Do you think coming to the centre has given you the chance to make more friends, friends that you can trust or you would like to go out with ?

YES
NO

	1
	2

6. How many real friends would you say you have now ?

NONE
1 OR 2
5 OR 6
10 OR MORE

	1 - 1
	2
	3
	4

i. If 'NONE' Are you not bothered about close friends ?

7. What do kids outside or kids that you know but don't come here think of the centre ? Do they think that -

a. THE CENTRE DOES A LOT OF INTERESTING THINGS AND WOULD LIKE TO COME TOO IF THEY HAVE THE CRANCE.

	1
--	---

b. THE CENTRE IS FOR KIDS WHO GET INTO TROUBLE.

	2
--	---

c. THE CENTRE IS SOME KIND OF YOUTH CLUB.

	3
--	---

d. THEY DON'T KNOW WHAT THE CENTRE IS FOR.

	4
--	---

e. OTHER

	5 - 1
--	-------

i. IF 'OTHER' Specify.

8. I am going to read you several sentences and I would like you to tell me which one you agree with most.

DO YOU THINK KIDS (FRIENDS) OUTSIDE WILL -

a. LIKE YOU MORE OR THINK THAT YOU ARE SOMETHING BECAUSE YOU HAVE BEEN HERE ?

	1
--	---

b. THEY WILL BE A BIT FRIGHTENED THAT YOU WILL LEAD THEM INTO TROUBLE ?

	2
--	---

3.

- c. THEY WILL BE UNFRIENDLY WITH YOU BECAUSE YOU COME HERE ?
 d. THEY WILL GO ON AS THOUGH NOTHING HAS HAPPENED, EVEN THOUGH YOU'VE BEEN HERE ?
 e. PROBABLY WON'T KNOW THAT YOU COME TO THE CENTRE ?
 f. WON'T CARE ?
 g. OTHER

1. If 'OTHER' Specify.

SCHOOL

1. How much do you like school ?

A LOT
 A LITTLE
 DON'T LIKE
 IT AT ALL

2. Have you been in trouble at school since coming to the centre ?

YES
 NO

If 'YES' What kind of trouble were you in ?

(PROBE) TRUANCY
 BAD CONDUCT
 NOT GET ON WITH TEACHERS
 NOT GET ON WITH KIDS
 OTHERS

1. If 'OTHERS' Specify.

3. Have you skipped school since coming to the centre ?

NONE
 ONCE OR TWICE
 5 OR 6 TIMES
 10 OR MORE
 TIMES

4. At present are you at - SCHOOL ?
 SPECIAL SCHOOL ?
 EXPELLED ?
 OTHER

1. If 'OTHER' Specify.

- ii. If 'NOT AT SCHOOL' - Would you like to return to school sometime in the future ?

YES
 NO

5. Since you have started coming here, would you say you like school -

A LOT MORE
 A BIT MORE
 SAME AS BEFORE
 A BIT LESS
 A LOT LESS

6. Do you think you will be able to keep out of trouble at school when you leave the centre ?

YES
 NO
 NOT SURE

FAMILY RELATIONSHIPS

1. Do you think you have any difficulties at home ?

(PROBE) NONE
 NOT GET ON WITH MOTHER
 NOT GET ON WITH FATHER
 NOT GET ON WITH BROTHERS / SISTERS
 SEPARATED / DIVORCED PARENTS
 OTHER

4.

1. If 'OTHER' Specify.

2. Have you had any difficulties at home since you have been here ?

(PROBE) NONE

NOT GET ON WITH MOTHER

NOT GET ON WITH FATHER

NOT GET ON WITH BROTHERS / SISTERS

DIVORCED / SEPARATED PARENTS

OTHER

1. IF 'OTHER' Specify.

3. How do you get on with people at home since coming here ?

A LOT BETTER

A BIT BETTER

SAME AS BEFORE

A BIT WORSE

A LOT WORSE

4. How much interest do you think your parents have in you ?

A LOT

A LITTLE

NO INTEREST

5. Do you think since coming to the centre your parents have -

A LOT MORE INTEREST IN YOU

A LITTLE MORE INTEREST IN YOU

SAME AS BEFORE

LESS INTEREST IN YOU

A LOT LESS INTEREST IN YOU

5. What do your parents think the centre can do for you ?

(PROBE) DON'T CARE WHAT THE CENTRE DOES

HELP YOU WITH PROBLEMS AT HOME

TEACH YOU INTERESTING THINGS

TEACH YOU A LESSON

KEEP YOU OFF THE STREET & OUT OF TROUBLE

IMPROVE YOUR BEHAVIOUR

HELP YOU WITH SCHOOL PROBLEMS

OTHER

1 If 'OTHER' Specify.

6. What do your parents think of the centre ?

A GREAT HELP TO YOU

QUITE HELPFUL TO YOU

A WASTE OF TIME

DON'T KNOW

DELINQUENT EXPERIENCE

1. Have you been in trouble with the law since you have been here ?

YES

NO

If 'YES' What have you done ?

5.

2. Have you done any other things which you managed to get away with since you came here ?

3. Why do you think kids get into trouble ?

4. Why do you think you got into trouble ?

5. Do you think that coming to the centre has helped you to keep out of trouble ?

YES

NO

1. In what way has the centre helped you / failed to helped you to keep out of trouble ?

USE OF LEISURE

1. Have you any special interests ?

NONE

HOBBIES : SPECIFY

SPORT WATCHING : SPECIFY

SPORT PLAYING : SPECIFY

CLUB/ORGANISED GROUP ACTIVITY

OTHER : SPECIFY

2. Have you developed any special interest as a result of coming to the centre ?

NONE

HOBBIES : SPECIFY

SPORT WATCHING : SPECIFY

SPORT PLAYING : SPECIFY

CLUB/ORGANISED GROUP ACTIVITY

OTHER : SPECIFY

3. 1. What particular activities have you enjoyed most in the centre ?

11. Which of these do you think you would continue when you leave the centre ?

4. Will you join a club when you leave this centre ?
- | | | |
|------------|--------------------------|-------|
| YES | <input type="checkbox"/> | 1 - 1 |
| NO | <input type="checkbox"/> | 2 |
| DON'T KNOW | <input type="checkbox"/> | 3 |
- i. If 'YES' Do you think you will join a club because you've been to the centre ?
- | | | |
|-----|--------------------------|---|
| YES | <input type="checkbox"/> | 1 |
| NO | <input type="checkbox"/> | 2 |
- ii. What kind of club will you join ?

5. How much is there for you to do in your free time around where you live ?
- | | | |
|----------------|--------------------------|---|
| PLENTY TO DO | <input type="checkbox"/> | 1 |
| NOT MUCH | <input type="checkbox"/> | 2 |
| NOTHING AT ALL | <input type="checkbox"/> | 3 |

6. If you are no longer coming to the centre, do you think you will find -
- | | | |
|------------------------------|--------------------------|---|
| PLENTY TO DO IN THE EVENINGS | <input type="checkbox"/> | 1 |
| NOT VERY MUCH TO DO | <input type="checkbox"/> | 2 |
| NOTHING TO DO | <input type="checkbox"/> | 3 |

7. What do you think you will do with your evenings when you leave the centre ?

8. Who are you usually with in the evenings when you are not at the centre ?
- | | | |
|---------------------|--------------------------|-------|
| ALONE | <input type="checkbox"/> | 1 |
| FRIENDS OF YOUR AGE | <input type="checkbox"/> | 2 |
| PARENTS | <input type="checkbox"/> | 3 |
| GIRL/BOY FRIEND | <input type="checkbox"/> | 4 |
| OTHER | <input type="checkbox"/> | 5 - 1 |

i. If 'OTHER' Specify.

9. What do you think there should be more of where you live for kids of your age ?

PERSONAL FACTORS

1. Do you think you have changed in any ways since coming to the centre ?
- | | | |
|------------|--------------------------|-------|
| A LOT | <input type="checkbox"/> | 1 - 1 |
| A LITTLE | <input type="checkbox"/> | 2 - 1 |
| NOT AT ALL | <input type="checkbox"/> | 3 |

i. If 'YES' In what way do you think you have changed ?

2. Do you think you have learned about yourself and other people since you have been here ?
- | | | |
|------------|--------------------------|-------|
| YES | <input type="checkbox"/> | 1 - 1 |
| NO | <input type="checkbox"/> | 2 |
| DON'T KNOW | <input type="checkbox"/> | 3 |

i. If 'YES' How much have you learned ?

- | | | |
|----------|--------------------------|---|
| A LOT | <input type="checkbox"/> | 1 |
| A LITTLE | <input type="checkbox"/> | 2 |

ii. What kinds of things have you learned about yourself and other people ?

3. Do you think you have improved in any ways as a result of coming to the centre ?

YES
NO

1 - 1
2

1. If 'YES' Specify : What would you say your improvements have been ?

4. Is there anything else about yourself that you would like to improve ?

CLIENTS' PERCEPTIONS OF THEIR EXPERIENCE IN INTERMEDIATE TREATMENT

1. The following is a list of things and activities which are generally found in centres like this one. I am going to read through the list, while I am doing it I'd like you to think about THIS CENTRE and tell me for each item on the list whether you think there has been- 'JUST ENOUGH OF IT'; 'TOO MUCH OF IT'; 'TOO LITTLE OF IT' or 'NONE AT ALL'.

	<u>JUST ENOUGH</u>	<u>TOO MUCH</u>	<u>TOO LITTLE</u>	<u>NONE AT ALL</u>
1/ GROUP DISCUSSION				
2/ INDOOR SPORTS/GAMES				
3/ OUTDOOR SPORTS/GAMES				
4/ CRAFTS & CREATIVE ACTIVITY				
5/ SCHOOL WORK TEACHING				
6/ TRIPS OUT				
7/ RESIDENTIAL EXCURSION				
8/ FREE ACTIVITY				
9/ OPPORTUNITY TO TALK TO STAFF				
10/ RULES AND REGULATIONS				
11/ HOME VISITS BY STAFF				
12/ SOCIAL EDUCATION EG. FILMS & VISITS.				

2. For those activities or things which are not provided at your centre, which ones do you think your centre should have ?

1, Why do you think that your centre should have it/them ?

3. Can you tell me which three activities from the above list you find most helpful and gained most satisfaction from and which three activities you find the least helpful and have the least satisfaction from ?

ACTIVITIES/THINGS WITH MOST SATISFACTION

- 1/ _____
2/ _____
3/ _____

ACTIVITIES/THINGS WITH LEAST SATISFACTION

- 1/ _____
2/ _____
3/ _____

8.

The following are two lists of things which you might have the opportunity to do while at the centre. For each list, I'd like you to tell me which are the three items that your centre (THE STAFF OF THE CENTRE) makes the "THE MOST OF" or aims to do most and which three of the items your centre makes "THE LEAST OF".

LIST I

1. MAKING FRIENDS WITH OTHER KIDS.
2. HAVING TO MAKE SIMPLE DECISIONS FOR YOURSELF.
3. DOING USEFUL AND INTERESTING THINGS.
4. KEEPING OUT OF TROUBLE.
5. DOING THINGS WITH GROWN-UPS EG. STAFF.
6. MAKING YOU MORE SURE AND MORE CONFIDENT OF YOURSELF.
7. HELPING YOU TO LEARN ABOUT THINGS WHICH WILL BE USEFUL TO YOU IN LATER LIFE.
8. KEEPING AWAY FROM BAD COMPANY.

LIST II

1. BEING ABLE TO GET ON WITH GROWN-UPS.
2. BEING ABLE TO TAKE RESPONSIBILITY EG. CHAIRING A MEETING.
3. DEVELOPING A NEW INTEREST AND ABILITY.
4. LEARNING THAT YOU GET PUNISHED OR LOST PRIVILEGES WHEN YOU BREAK RULES.
5. BEING ABLE TO GET ON WITH PEOPLE AT HOME.
6. HAVING THE CONFIDENT TO DO A JOB ON YOUR OWN.
7. LEARNING SOME BASIC SKILL TO PREPARE YOU FOR A JOB.
8. HAVING TO BEHAVE YOURSELF.

[illegible]

The following lists are similar to the ones above. This time for each list I'd like you to tell me the three items that you find "THE MOST HELPFUL" or you get most out of and three items that you find "THE LEAST HELPFUL" or you get the least out of.

LIST I

1. MAKING FRIENDS WITH OTHER KIDS.
2. HAVING TO MAKE SIMPLE DECISIONS FOR YOURSELF.
3. DOING USEFUL AND INTERESTING THINGS.
4. KEEPING OUT OF TROUBLE.
5. DOING THINGS WITH GROWN-UPS EG. STAFF.
6. MAKING YOU MORE CONFIDENT AND SURE OF YOURSELF.
7. HELPING YOU TO LEARN ABOUT THINGS WHICH WILL BE USEFUL TO YOU IN LATER LIFE.
8. KEEPING AWAY FROM BAD COMPANY.

LIST II

1. BEING ABLE TO GET ON WITH GROWN-UPS.
2. BEING ABLE TO TAKE RESPONSIBILITY.
3. DEVELOPING NEW INTEREST AND ABILITY.
4. LEARNING THAT YOU GET PUNISHED AND LOST PRIVILEGES WHEN YOU BREAK RULES.
5. BEING ABLE TO GET ON WITH PEOPLE AT HOME.
6. HAVING THE CONFIDENCE TO DO A JOB ON YOUR OWN.
7. LEARNING SOME BASIC SKILL TO PREPARE YOU FOR A JOB.
8. HAVING TO BEHAVE YOURSELF.

[illegible]

3.

6. Now that you have been here for a while, what do you think the centre is aiming to do for kids like yourself ?

(PROBE) HELP YOU WITH PROBLEMS AT HOME
 LEARN TO GET ON WITH PEOPLE
 TEACH YOU INTERESTING & USEFUL THINGS
 KEEP YOU OFF THE STREET & OUT OF TROUBLE
 TEACH YOU A LESSON
 HELP YOU WITH SCHOOL PROBLEMS
 IMPROVE YOUR BEHAVIOUR
 OTHER

	1
	2
	3
	4
	5
	6
	7
	8 - 1

1; If 'OTHER' Specify.

7. Can you tell me again what were the reasons or the problems you came here for ?

(PROBE) SCHOOL PROBLEMS
DIFFICULTIES AT HOME
PERSONAL BEHAVIOUR
PEER RELATIONSHIPS
ADULT RELATIONSHIPS
TROUBLE WITH THE LAW
USE OF LEISURE
OTHER

	1
	2
	3
	4
	5
	6
	7
	8

1. If 'OTHER' Specify.

- ii. How much has the centre helped you since you have been here with these problems ?
- A LOT

A LOT
A LITTLE
HAS NOT BEEN
ABLE TO HELP

	1
	2
	3

- iii. If 'THE CENTRE HAS HELPED YOU A LOT OR A LITTLE ' Which of your problem has the centre helped you most with ?

8. Do you think coming to the centre has been - A GREAT EXPERIENCE
 QUITE AN EXPERIENCE
 A WASTE OF TIME

	1
	2
	3

1. Why do you think that it has been A GREAT EXPERIENCE/QUITE AN EXPERIENCE/
WASTE OF TIME ?

9. Can you list me three things which have been your biggest gain from coming to the centre ?

(FROBE)

- GET ON BETTER WITH ADULTS
- GET ON BETTER WITH KIDS
- GET ON BETTER WITH PEOPLE AT HOME
- GET ON BETTER AT SCHOOL
- KEEP OUT OF TROUBLE
- DEVELOP NEW INTERESTS
- MORE CONFIDENT OF YOURSELF
- OTHER

	1
	2
	3
	4
	5
	6
	7
	8
	9

10.

1. If 'OTHER' Specify

10. Is there anything that the centre hasn't helped you with, that you think it should have or could have ?

11. Do you think the centre has failed in any way in the job it has tried to do for you ?

YES
NO

	1 - 1
	2

1. If 'YES' In what way has the centre failed ?

12. If you were asked what sort of a job do you think your centre has made out of helping kids like yourself, would you say that it has been

A BIG SUCCESS
A FAIR SUCESS
SUCCESSFUL IN SOME
WAYS & UNSUCCESSFUL
IN OTHER WAYS
A FAILURE
A COMPLETE FAILURE

	1
	2
	3
	4
	5

APPENDIX TEN

PRACTITIONERS' INTERVIEW SCHEDULE

SELF-ADMINISTERED QUESTIONNAIRE ON PRACTITIONERS' PERCEPTIONS OF
INTERMEDIATE TREATMENT

1. Case Number _____
2. Centre _____
3. Position Held at Centre (PLEASE GIVE A TICK TO THE POSITION YOU HOLD AT THE CENTRE IN THE APPROPRIATE BOX.)

COORDINATOR (PROJECT LEADER)	<input type="checkbox"/>	1
I.T. WORKER	<input type="checkbox"/>	2
FULL-TIME VOLUNTEER	<input type="checkbox"/>	3
PART-TIME VOLUNTEER	<input type="checkbox"/>	4
OTHER	<input type="checkbox"/>	5 - 1

i. If 'OTHER' Please specify your position.

4. Previous Experience (PLEASE INDICATE YOUR PREVIOUS EXPERIENCE BY TICKING THE APPROPRIATE BOX/BOXES.)

SOCIAL WORK	<input type="checkbox"/>	1
YOUTH WORK	<input type="checkbox"/>	2
COMMUNITY WORK	<input type="checkbox"/>	3
TEACHING	<input type="checkbox"/>	4
OTHERS (INCLUDING JOBS/EXPERIENCE OTHER THAN SOCIAL WORK)	<input type="checkbox"/>	5 - 1

i. If 'OTHER' Please specify your experience.

5i. The following are 2 lists of possible functions in Intermediate Treatment. Please RANK the items in each list IN WHAT YOU CONSIDER TO BE THEIR ORDER OF IMPORTANCE as functions in I.T.
EXAMPLE: IF YOU WOULD CONSIDER ITEM A. AS THE MOST IMPORTANT FUNCTION AMONGST THE REST OF THE ITEMS YOU WOULD PUT '1' IN THE BOX BESIDE ITEM A. IF YOU CONSIDER ITEM B. AS THE SECOND MOST IMPORTANT FUNCTION YOU WOULD PUT '2' IN THE BOX BESIDE ITEM B AND SO ON.

LIST I

- | | | |
|--|--------------------------|---|
| A. TO DEVELOP & STRENGTHEN YOUNGSTERS' PERSONALITY & POTENTIAL. | <input type="checkbox"/> | 1 |
| B. TO OFFER NEW OPPORTUNITIES TO REDIRECT THE ENERGIES OF YOUNGSTERS INTO CREATIVE PURSUITS. | <input type="checkbox"/> | 2 |
| C. TO CONTAIN & CONTROL THE BEHAVIOUR OF YOUNGSTERS. | <input type="checkbox"/> | 3 |
| D. TO PROVIDE COMPENSATION FOR THOSE WHO COMES FROM DEPRIVED/DISADVANTAGED ENVIRONMENTS. | <input type="checkbox"/> | 4 |
| E. TO SERVE AS A GENERAL RESOURCE TO WIDEN INTERESTS & EXPERIENCE OF CHILDREN. | <input type="checkbox"/> | 5 |
| F. TO CHANNEL & EXPAND THE INTERESTS OF YOUNG PEOPLE IN WAYS WHICH ARE APPROPRIATE TO THE LIFE STYLE & NEEDS OF THEIR COMMUNITY. | <input type="checkbox"/> | 6 |

LIST II

- A. TO HELP YOUNGSTERS DEVELOP GREATER SELF-ESTEEM & SELF-AWARENESS.
- B. TO OCCUPY & CAPTURE YOUNGSTERS' INTERESTS IN SOCIALLY ACCEPTABLE PURSUITS.
- C. TO REDUCE THE TREND OF DELINQUENT BEHAVIOUR IN SOCIETY.
- D. TO OFFER NEW ACTIVITIES & OPPORTUNITIES TO ESTABLISH HEALTHY RELATIONSHIPS FOR THOSE WHO ARE DEPRIVED OF THE EXPERIENCE.
- E. TO PROVIDE RESOURCES FOR WORKING WITH YOUNG PEOPLE IN GENERAL.
- F. TO ENCOURAGE RESPONSIBILITY & PRACTICAL INTEREST OF THE COMMUNITY IN THE LIVES OF THEIR YOUNG PEOPLE.

511. Please specify any other functions which you would consider as relevant in I.T.

6. The following are 2 lists of things which youngsters might have the opportunity to do while they are in I.T. For each list, please tick THREE OF THE ITEMS in the appropriate columns, which you would consider your centre LAYS A GREAT DEAL OF EMPHASIS ON or aims to do most for youngsters, then tick the THREE ITEMS which you would consider your centre LAYS LITTLE EMPHASIS ON.

LIST I

- 1/ IMPROVING PEER-RELATIONSHIPS.
- 2/ MAKING DECISIONS FOR THEMSELVES INDIVIDUALLY & COLLECTIVELY.
- 3/ DEVELOPING USEFUL & INTERESTING LEISURE PURSUITS
- 4/ KEEPING OUT OF TROUBLE.
- 5/ DEVELOPING RELATIONSHIPS WITH ADULTS.
- 6/ IMPROVING SELF-IMAGE & SELF-CONFIDENCE.
- 7/ IMPROVING THEIR KNOWLEDGE IN GENERAL.
- 8/ KEEPING AWAY FROM BAD COMPANY.

[illegible]

LIST II

- 1/ IMPROVING THEIR ATTITUDES TOWARDS ADULTS.
- 2/ BEING ABLE TO TAKE RESPONSIBILITY.
- 3/ DEVELOPING NEW INTERESTS & ABILITIES.
- 4/ BEING ABLE TO FOLLOW RULES AT THE CENTRE.
- 5/ SORTING OUT THEIR PROBLEMS AT HOME.
- 6/ DEVELOPING CONFIDENCE IN THEMSELVES.
- 7/ LEARNING SOME BASIC SKILLS TO PREPARE THEM FOR A JOB.(EG. HELP WITH EMPLOYMENT.)
- 8/ LEARNING TO BEHAVE THEMSELVES.

[illegible]

7i. The following is a list of items or activities which are possibly present in I.T. Please give a tick in the appropriate columns to indicate the THREE ITEMS which your centre PROVIDES A LOT FOR and the THREE ITEMS which your centre provides THE LEAST FOR youngsters.

ii. Please give a tick in the appropriate columns to indicate the THREE ITEMS you would consider to HAVE THE MOST VALUE and the THREE ITEMS which you would consider to HAVE THE LEAST VALUE IN I.T.

<u>I T E M S</u>	<u>PROVIDES A LOT</u>	<u>PROVIDES THE LEAST</u>	<u>HAVE MOST VALUE</u>	<u>HAVE LEAST VALUE</u>
GROUP DISCUSSIONS				
INDOOR SPORTS/GAMES				
OUTDOOR SPORTS/GAMES				
CRAFTS & CREATIVE ACTIVITIES				
SCHOOL WORK/FORMAL TEACHING				
TRIPS OUT				
RESIDENTIAL EXCURSIONS				
FREE ACTIVITIES				
INDIVIDUAL COUNSELLING				
RULES & REGULATIONS				
HOME VISITS				
SOCIAL EDUCATION EG. FILMS & VISITS				

iii. Please specify any other items or activities which are not included in the list which your centre provides a lot for youngsters.

iv. Please specify any other activities apart from those on the list that you would consider to have the most value in I.T.

8. If there are any comments which you would like to make in regards to your centre, please use the space below.

APPENDIX ELEVEN

INTERVIEW SCHEDULE ON CLIENTS' REFERRAL

1.

INFORMATION TO BE OBTAINED FROM CENTRE/PRACTITIONERS ON INDIVIDUAL CLIENT'S GENERAL BACKGROUND AND PROGRESS :

NAME OF CLIENT _____

CASE NUMBER _____

CENTRE _____

DATE OF COMMENCEMENT _____

REFERRAL :

1. SOURCE OF REFERRAL

- SOCIAL WORKER
- SCHOOL
- PANEL
- CHILD GUIDANCE
- SELF-REFERRED
- OTHER

- 1
- 2
- 3
- 4
- 5
- 6-1

1.If 'OTHER' Specify

2. What was seen to be the problem with child ?

3. The reason behind problem.

4. Aims and intention of referral.

CLIENT'S FAMILY BACKGROUND

1. Who does the child stay with ?

- MOTHER & FATHER
- SINGLE PARENT
 - MOTHER OR FATHER
- STEP PARENT/S
- RELATIVES
- IN CARE
- ADOPTED
- OTHER (SPECIFY)

- 1
- 2-1
- 2-11
- 3
- 4
- 5
- 6
- 7

2. Child's position in relation to sublings -

- ONLY CHILD
- ELDEST CHILD
- YOUNGEST
- BETWEEN YOUNGEST & ELDEST

- 1
- 2
- 3
- 4

3. Family Size -

- ONLY CHILD
- TWO
- THREE
- FOUR
- OVER FOUR

- 1
- 2
- 3
- 4
- 5

4. Up to the beginning of attendance at the centre, had the child experienced a broken home ?

- COMPLETE HOME
- NO HOME (WHOLLY INSTITUTIONAL UPBRINGING)
- HOME BROKEN - DEATH OF FATHER

- 1
- 2
- 3

2.

DEATH OF MOTHER
SEPARATION/DIVORCE
DESERTION
OTHER (SPECIFY)

HOME DISTURBED (SPECIFY)

5. Changes in child's home circumstances in respect of the above factors during the period of I.T. attendance -

6. Home conditions -(FINANCIAL PROBLEMS ETC.)

SCHOOL RECORD

1. Type of school attended -

PRIMARY
SECONDARY
LIST - D
SPECIAL SCHOOL
OTHER (SPECIFY)

2. DIFFICULTIES/PROBLEMS AT SCHOOL - TRUANCY
BAD CONDUCT
NOT GET ON WITH TEACHERS
NOT GET ON WITH KIDS
OTHER (SPECIFY)

3. Attainment At School - ABOVE AVERAGE
AVERAGE
BELOW AVERAGE

OTHER SOCIAL AGENCIES INVOLVEMENT

1. Type of Social Agency -

**SOCIAL WORKER
CHILD GUIDANCE
PANEL
POLICE
OTHER (SPECIFY)**

2. Reasons for other Social Agencies' Involvement - TRUANCY
SCHOOL PROBLEMS
FAMILY PROBLEMS
PERSONAL DIFFICULTIES
DELINQUENT BEHAVIOUR
OTHER (SPECIFY)

3.

3. SUPERVISION

Duration of supervision -

Reason for supervision -

<u>INSTITUTIONAL EXPERIENCE</u>		<u>REASON</u>	<u>DURATION</u>
<u>DATE</u>	<u>INSTITUTION</u>		

OFFENCES
Details of previous offences and further offences made by client before and in the course of his/her attendance at the centre.

<u>DATE</u>	<u>DETAIL OF OFFENCE</u>	<u>DISPOSAL</u>
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CLIENT'S PERSONAL CHARACTERISTICS AND BEHAVIOUR

PATTERN OF ATTENDANCE

VERY REGULAR
REGULAR SPELL
IRREGULAR

1
2
3

PROGRESS REPORT FROM CENTRE (IF ANY)

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